



NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

THE COUNTY
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1956



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JOHN B. TILLEY, M.D., B.Hy., D.P.H., *County Medical Officer*



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Mental Health.
Ambulance Services.
Family Care.
Area Health Sub-Committees (8).

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Deputy County Medical Officer ...	W. MINNS, M.B.E., M.B., B.S., B.Hy., D.P.H.
Maternity and Child Welfare Medical Officer and Medical Supervisor of Midwives	JANET M. EDWARDS, M.B., Ch.B., D.P.H.
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Area Executive Medical Officers—	
North 1 and 2 Areas	R. SHORT, L.R.C.P., L.R.C.S. (Ed.), L.R.F.P.S.(G), D.P.H.
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South Area... ..	MADGE HOPPER, M.B., B.S., B.Hy., D.P.H.
South-East Area	W. CUNNINGHAM, M.B., Ch.B., D.P.H.
Wallsend Area	G. M. CUBIE, M.B., Ch.B., D.P.H.
West Area	J. M. McEWAN, M.B., Ch.B., D.P.H.
Administrative Assistant	E. W. WOODCOCK.
Assistant County Medical Officer and School Medical Officer	ISOBEL J. McLARTY, M.B., Ch.B.
Assistant County Medical Officers (Maternity and Child Welfare) ...	MARGARET F. FRASER, M.B., Ch.B., D.P.H. (Retired 30th November, 1956). JEAN CARMICHAEL, M.B., B.S. CATHERINE B. SINCLAIR, M.B., Ch.B. MARIAN PARKINSON, M.B., B.S. (Commenced 1st February, 1956).
School Medical Officers	M. WINIFRED DEWELL, M.B., B.S. ANNA M. REID, M.B., Ch.B., D.P.H. EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H. W. W. BURNETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H. ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H. R. A. MATTHEWS, M.B., B.S., M.R.C.S., L.R.C.P. J. DEEGAN, M.B., B.S. ENID M. YOUNG, M.B., B.S. (Commenced 1st October, 1956).
Chest Physicians	J. R. BEAL, M.D., D.P.H. J. M. GILMORE, M.D., D.P.H. G. HURRELL, M.D., B.Hy., D.P.H. C. VERITY, M.D., D.P.H. F. L. WOLLASTON, M.R.C.S., L.R.C.P.

Staff of the Health Department—*continued.*

Principal School Dental Officer	...	A. E. ROBINSON, F.D.S.R.C.S.
Dental Officers	... ..	C. D. ANDERSON, L.D.S. JEANETTE A. BODENHAM, B.D.S. (Resigned 29th February, 1956). R. S. BODENHAM, B.D.S. (Commenced 2nd April, 1956). AGNES E. M. BROWN, B.D.S. (Commenced 3rd September, 1956). H. J. COOMBES, L.D.S. (Commenced 13th February, 1956). E. T. CUNNELL, B.D.S. D. P. DAVIDSON, B.D.S. (Commenced 17th September, 1956). PATRICIA M. DORIN, B.D.S. (Resigned 29th February, 1956). AUDREY E. ERSKINE, L.D.S. R. M. FOULDS, L.D.S. (Commenced 26th November, 1956). JOSEPHINE T. GRIFFIN, L.D.S. SHIRLEY J. HAGGIE, B.D.S. (Full- time from 3rd September, 1956). J. F. HORSEMAN, L.D.S. T. A. IRELAND, L.D.S. W. J. IRVINE, L.D.S. MARGARET I. LAMB, L.D.S. SHIRLEY E. LONG, L.D.S. T. M. MAHADERVAN, L.D.S. (Commenced 1st February, 1956). JEAN MUNRO, L.D.S. (Resigned 29th February, 1956). W. P. NEILSON, L.D.S. A. K. PATERSON, B.D.S. (Commenced 3rd September, 1956). MARION J. PATTERSON, L.D.S. (Re- signed 15th September, 1956). MARGARET P. QUINN, B.D.S. (Commenced 3rd September, 1956). W. ROBSON, L.D.S. J. W. RUSSELL, L.D.S. T. T. SHIELDS, L.D.S. (Resigned 30th April, 1956). S. J. SMITHSON, L.D.S.
Orthodontist	... ..	JOAN WEYMAN, F.D.S.R.C.S., D.Orth. (Commenced 1st October, 1956).
Principal Nursing Officer	... ..	ANN A. GRAHAM, S.R.N., H.V. Cert., F.R.S.H.
Deputy Principal Nursing Officer (Health Visiting)	... ..	MAY FOTHERGILL, S.R.N., S.C.M., H.V. Cert. R.S.H.
Deputy Principal Nursing Officer (Midwifery and Nursing)	...	MARY GILLILAND, S.R.N., S.C.M., H.V. Cert. R.S.H.
Assistant Principal Nursing Officer (Health Visiting)	... ..	MARY ATKINSON, S.R.N., S.C.M., H.V. Cert. R.S.H. (Commenced 1st May, 1956).

Staff of the Health Department—*continued.*

Assistant Principal Nursing Officer (Midwifery and Nursing)	...	LILIAN LAPES, S.R.N., S.C.M. (Resigned 10th September, 1956).
Almoners	... ..	ELEANOR M. FOSTER, A.M.I.A. DOROTHY L. DUNN.
Family Case Workers	... ..	JOAN TAYLOR, B.A. (Admin.). JACQUELINE M. FLETCHER, B.A.
County Health Inspector	... ..	D. LISTER, Cert. S.I.B., M.R.S.H., M.A.P.H.I.
Ambulance Officer	... ..	G. D. DICKINSON.
Senior Duly Authorised Officer	...	L. ARMSTRONG.
Duly Authorised Officers	... ..	G. T. HARRISON. T. A. HENDERSON. W. R. PRINGLE. J. SMITH (Retired 1st October, 1956). C. I. VASS.
Supervisors of Occupation Centres—		
Wallsend	... ..	G. SANDERSON.
Ashington	... ..	W. P. SCOTT.
Bedlington	... ..	MARGARET E. LLOYD.
Berwick (part-time)	... ..	RHODA GREIG.
Supervisor of Blind Welfare	...	EILEEN METCALFE, Home Teacher's Certificate.
Home Teachers	... ..	MARY ELLIOTT, Home Teacher's Cer- tificate. JANE T. HOGARTH, Do. ISABEL M. KAY, Do. HILARY G. LOTEN, Do. CORDELIA MUNDAHL, Do. (Resigned 22nd September, 1956). EDNA SIMPSON, Home Teacher's Cer- tificate. MARGARET E. CAWS, Do. (Commenced 15th October, 1956). MARJORIE HOWARTH, Home Teacher's Certificate. (Commenced 8th October, 1956).
Welfare Visitor	... ..	MARY W. PATTERSON.
Home Help Organiser	... ..	DOREEN GROSE.
Assistant Home Help Organiser	...	MARGARET J. TRELOAR.
Occupational Therapists	ENID GILMORE, M.A.O.T. JUNE R. ANGLESEA, M.A.O.T.

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TO THE CHAIRMAN AND MEMBERS OF THE NORTHUMBERLAND
COUNTY COUNCIL.

Mr. Chairman, My Lords, Ladies and Gentlemen,

The presentation of this report gives the opportunity for the 64th annual review of the health of Northumberland — a Northumberland today with a population 50,000 greater than at the end of the war, in which there is greater prosperity than at any time between the wars, where there is almost no unemployment, where on the average the children are better fed, better clothed and better shod than ever before, and where great efforts have been made to deal with overcrowding and the shortage of houses. Possibly the most important single circumstance affecting the health and welfare of the people of the county is the fact that some 31,000 new houses have been built since the war. Taken in conjunction with the building of these new houses the closing by the District Councils of 4,106 houses no longer fit for human habitation since 1950 is indicative of the continuing drive for better housing conditions. Even if it is difficult accurately to measure the effect of any one of them, each of these factors has an effect which has an important if indirect bearing on all of the statistics which are used as criteria of the state of the public health.

These statistics show that the improvements of recent years were maintained during 1956. The infant mortality rate was lower than ever before, as was the still-birth rate, though, as the full account of perinatal mortality shows, the neo-natal death rate was less satisfactory. There were fewer cases of tuberculosis than there had been for more than 10 years and the mortality from the disease was the lowest ever recorded in the county. It is doubtful if the slight decline in the death rate from cancer which occurred for the second year is as significant as these decreases, though it is interesting to note that the cancer death rate for the county was less than that for the whole country.

Last year I referred to the advance in preventive medicine occasioned by the extension of B.C.G. vaccination as a protection against tuberculosis : the chest physicians and the school doctors operated the scheme successfully throughout 1956 and vaccinated more than 3,000 children. In 1956 an even greater advance was made with the introduction of vaccination against poliomyelitis. A very great amount of work was needed in preparing and starting this scheme, and the greatest possible credit must go to the doctors and clerical staff of my department for the success of the

venture. Though it is not yet possible to assess accurately the results of mass vaccination against poliomyelitis in this country, there is evidence that considerable protection can be given against a disease which can be of the gravest significance.

The work in connection with the prevention of the neglect of children and of the break-up of families is still a relatively new field for preventive and social medicine. I would like to pay tribute to the Area Medical Officers and the co-ordinating committees for the success that has been achieved in this sphere, and I would draw special attention to the report of the Social Workers on their work with problem families.

During the twelve months covered by this report the Health Committee was able to open three new buildings for child welfare and school clinics. These new premises allow work to be done in first class conditions and are greatly appreciated by those who attend. A good deal of thought has been given in various quarters to the future of the Local Health Authority child welfare service, and it is quite possible that the pattern may change with the years. The mothers bring their children voluntarily to the clinics; there is no longer any economic compulsion to seek medical advice from this source, and a number of family doctors provide the same sort of facilities for advice. The ultimate decision on the form of the child welfare service in the future must lie with the mothers themselves, and, from the fact that more children attended the clinics in the county than ever before, it may be inferred that at least for some time to come these continue to meet a need.

In the other services under the National Health Service which are provided by my department three points seem particularly significant. Firstly, the growing numbers attending the occupation centres indicate that there is a need for further expansion of this service. Secondly, the fact that 70% of mothers now have their babies in hospital combined with the common practice of early discharge from maternity hospitals means that the pattern of domiciliary midwifery has changed, and the closest co-operation is needed between the hospitals, the family doctors and the domiciliary midwives. Lastly, the increasing turnover of hospital beds resulting in the increased discharge of patients by stretcher is so increasing the demands on ambulances that it may ultimately be necessary to expand the service.

The volume of work of the Health Department has increased steadily in recent years and continues to increase. The expansion of the mental health service, the introduction of new vaccination schemes, the growth of the home help service and the family care service are some indication of the enlargement of the sphere of activity of the Department.

This increase could not have taken place so smoothly without the enthusiasm and hard work of the staff of the department both professional and clerical and I am most grateful to each of them for their unfailing support. I am specially indebted to Dr. Minns who has prepared much of this report and to Dr. Edwards, Miss Graham and Mr. Robinson who have each prepared special sections. During another period of twelve months I have had the support and advice of the members of the Health Committee and particularly of yourself, Sir, as Chairman of that Committee and I wish to express my gratitude for the help I have received.

I have the honour to be,

Your obedient Servant,

A handwritten signature in dark ink, reading "John B. Pilleary". The signature is written in a cursive style with a long horizontal flourish extending to the right.

County Medical Officer.



NORTHUMBERLAND COUNTY COUNCIL.

Report of the County Medical Officer of Health for the year 1956.

			Urban Districts.	Rural Districts.	Total.
Area (acres)	...	...	79,573	1,196,302	1,276,205
Population	...	...	356,500	103,300	459,800
Rateable Value	...	...	£3,319,248	£977,096	£4,296,344

VITAL STATISTICS.

BIRTH RATE.

The live birth rate for the county of 16·51 per 1,000 population was slightly higher than it was the year before and the total of 7,593 births meant that 192 more babies were born in Northumberland than there were in 1955. The natural increase in population for this county was 2,134, the remainder of the increase of 6,800 estimated by the Registrar General being due to movement of population into the county area.

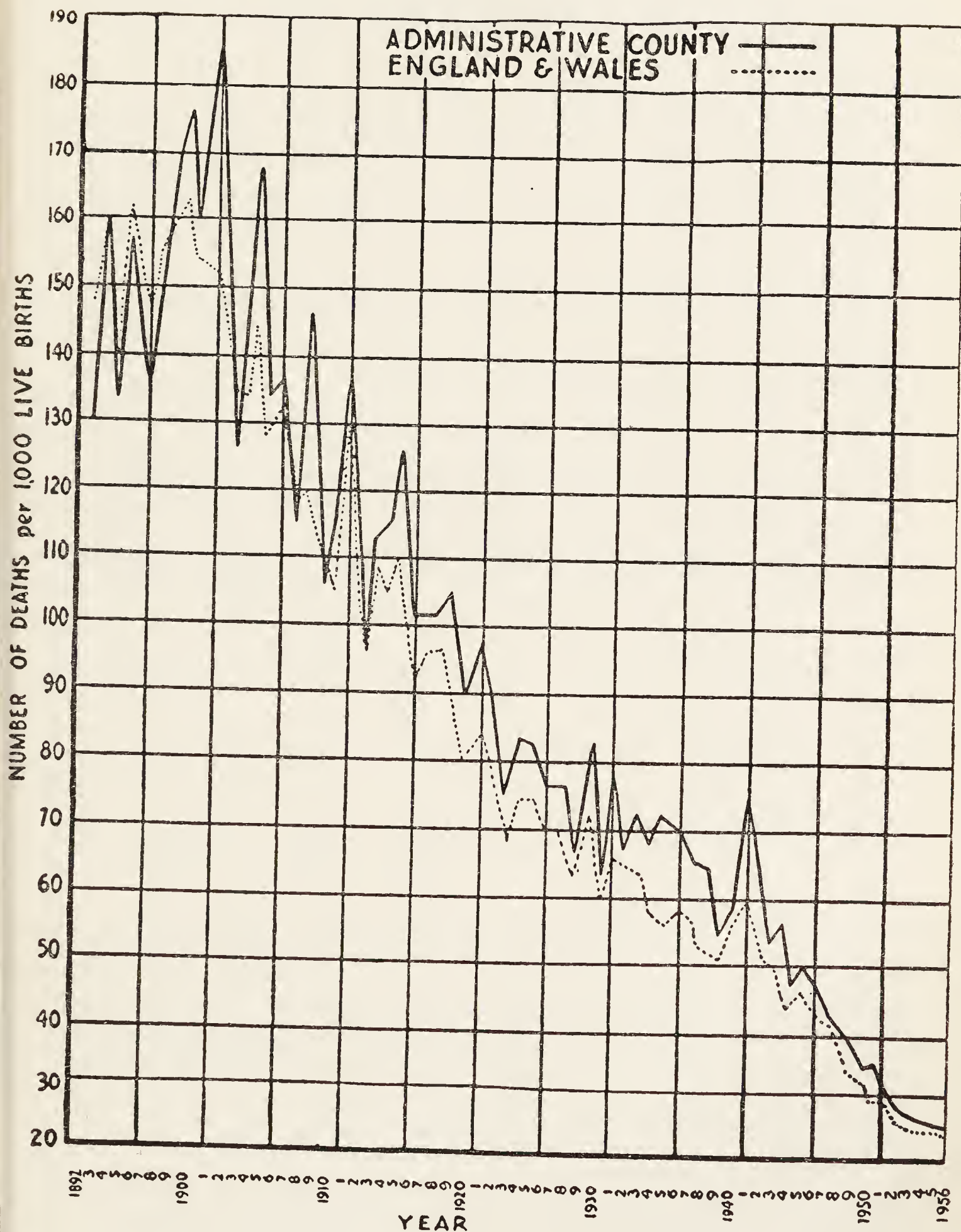
INFANT MORTALITY RATE.

The previous low records for infant mortality were surpassed in 1956 when the rate of 25·80 per 1,000 live births was recorded. Ten years ago the rate was 48 per 1,000 live births. Despite this great improvement which has kept pace with that achieved in the country as a whole, the county rate remains higher than the national figure, and still further improvement can be achieved.

MATERNAL MORTALITY.

The improved position in relation to maternal mortality which has been achieved in the last few years was maintained and the death rate from conditions associated with pregnancy fell slightly to 0·65 per 1,000 births. This mortality rate is less than half what it was ten years ago.

COUNTY OF NORTHUMBERLAND
 INFANT MORTALITY RATES — 1892-1956



GENERAL DEATH RATE.

The crude death rate of 11·87 per 1,000 population was lower than in the previous year though the rate after adjustment with the comparability factor of 1·09 was 12·93 which was an increase on the corrected death rate for 1955. This is higher than the rate for England and Wales of 11·70 per 1,000.

PRINCIPAL CAUSES OF DEATH.

The pattern of the last few years was not changed in 1956. The small increase in the deaths from cancer must be measured in relation to the increased population of the county and the death rate from the disease for every 1,000 of the population is seen to have fallen slightly for the second year in succession to a figure of 1·90. Thus, although the death rate from cancer has risen steadily since 1940 from 1·58, the rate of increase has not been maintained in the last three years. While there was a slight decrease in the number of deaths from cancer of the lung, mortality from this disease has increased by two-thirds in the last six years. At the time of writing consideration is being given to the part to be played by the Local Health Authority in emphasising to the public the increased risk of developing the disease which is related to cigarette smoking. The death rate from cancer for the county excluding leukaemia was 1·90 per 1,000 population. With the inclusion of leukaemia the rate was 1·94: in either case the rate was lower than for England and Wales as a whole.

Deaths.	Males.	Females.	Total
Malignant Neoplasm :—			
Stomach	85	80	165
Lung, Bronchus	129	19	148
Breast	—	76	76
Uterus	—	48	48
Other Malignant and Lymphatic Neoplasms ...	253	184	437
	<hr/>	<hr/>	<hr/>
	467	407	874
	<hr/>	<hr/>	<hr/>
Leukaemia, Aleukaemia ...	11	8	19

There was no improvement in the number of deaths from accidents, the majority of which occurred in the home. There were 55 deaths on the road due to motor vehicles, but 145 deaths were caused by other accidents. Nearly all of these accidents could be prevented, and, although the work of the health visitors in stressing home safety to the mothers and the work of the road safety committees is of the greatest value, this is a field in which new efforts and new ideas could prove most rewarding.

The following table shows the principal causes of death and the table giving the causes of all deaths is found on page 98.

PRINCIPAL CAUSES OF MORTALITY.

The total number of deaths from all causes was 5,459. The chief causes are shown in the following table :—

	1956		1955.	
	Number of Deaths.	Per-centage of Total Deaths.	Number of Deaths.	Per-centage of Total Deaths.
Heart Disease :—				
Coronary Disease, Angina...	876		833	
Hypertension with Heart Disease	94		116	
Other... ..	944		1,014	
	— 1,914	35·06	— 1,963	35·94
Malignant Neoplasm :—				
Stomach	165		168	
Lung, Bronchus	148		157	
Breast	76		70	
Uterus	48		43	
Other... ..	437		432	
	— 874	16·01	— 870	15·92
Vascular Lesions of Nervous System	902	16·52	892	16·33
Bronchitis	259	4·74	216	3·95
Pneumonia	165	3·02	168	3·07
Motor Vehicle and other accidents	200	3·66	192	3·51
Other Diseases of Circulatory System	236	4·32	215	3·93
Tuberculosis :—				
Respiratory	50		67	
Other	5		8	
	— 55	1·01	— 75	1·37
Nephritis and Nephrosis ...	44	0·81	64	1·17
	4 649	85·16	4,655	85·19

INFECTIOUS DISEASES.

Measles in Wallsend, Longbenton and Morpeth and dysentery in Ashington and Amble accounted for nearly half of the 4,013 notified infectious diseases in the county shown in Table 6.

Whooping cough did not show any decline but for the second year in succession there was no fatal case. Measles only totalled 1,600 cases compared with nearly 8,000 last year and there was also a welcome drop in the cases of dysentery which were notified officially by doctors.

Diphtheria, enteric fever, ophthalmia of the newborn baby, malaria and smallpox are all missing from the table on page 97 and it is pleasing to record that there has been no case of diphtheria for four years and no death for six years.

The following table shows the incidence and mortality of the chief infectious diseases during the past four years:—

	1956.		1955.		1954.		1953.	
	Notifi- cations	Deaths	Notifi- cations	Deaths	Notifi- cations	Deaths	Notifi- cations	Deaths
Diphtheria ...	—	—	—	—	—	—	—	—
Measles ...	1,622	—	7,822	1	1,483	—	3,943	5
Whooping Cough	926	—	910	—	1,044	4	1,334	2
Meningococcal Infection ...	7	1	15	3	21	4	9	3
Scarlet Fever ...	273	—	182	—	303	—	641	—
Enteric and Para- typhoid Fevers	5	—	7	—	7	—	15	—
Diarrhoea and Enteritis (under 5 years)	—	3	—	6	—	4	—	7
Acute Poliomyelitis	24	—	39	6	35	1	22	2
Acute Encephalitis	1	—	1	—	2	1	2	—

FOOD POISONING.

A total of 129 cases of food poisoning was notified during the year, 73 occurring in Ashington and 27 in Prudhoe.

The Ashington outbreak occurred in a school in January and symptoms commenced between 5 and 20 hours after eating a school dinner consisting of vegetable broth, cold boiled beef, potatoes and mixed vegetables and sponge pudding with coconut. Out of 368 who ate the dinner, 137 were affected. Symptoms consisted almost entirely of abdominal pain and diarrhoea and most of the children and teachers were better within 18 hours. Specimens of stools were obtained from the kitchen staff of 5 and from 1 child and all except the cook showed the presence of heat resistant *Cl. Welchii*. As the illness was very mild, little co-operation was expected from the parents of the affected children and it was not possible to recover any of the beef from which the broth and main course were prepared.

The Prudhoe outbreak occurred from a bakery in the neighbouring rural district in May and caused further cases in County

Durham. The suspected causes here were a trifle or cakes and samples of all ingredients used were sent for investigation to the Public Health Laboratory. The organism responsible was identified as *Salmonella Typhi-murium* and members of the bakery staff were also excretors. Finally the same organism was proved from the sample of liquid egg, but from none of the other ingredients. So far as is known, this was the first time South African liquid egg had been known to be contaminated and the infection seems to have been spread by the person responsible for decorating the cream cakes and trifles which were later eaten in the tea break by the other members of the staff. Once the staff became infected, spread by cream cakes to the general public followed. The Medical Officer of Health reported that the bakery firm were most co-operative and as well as immediately stopping all the infected staff from working, they assisted in every way to bring the outbreak to an end.

A mould of galantine of tongue infected with staphylococci and *Cl. Welchii* was responsible for three cases of fairly severe poisoning in Blyth in February. Two food handlers in the shop were found to be nasal carriers of staphylococci and this was presumed to be the causal organism.

POLIOMYELITIS.

The wettest summer for many years brought with it only a few cases of poliomyelitis and the total of 24 compared very favourably with 1955—39 and 1954—35. There were 19 paralytic cases and 5 non-paralytic and the incidence per 100,000 of the population was 5·2 compared with the previous highest in 1947 of 24·7. It is very pleasing to be able to report that no resident of Northumberland died of poliomyelitis last year.

The table shows the number of cases notified by Boroughs, Urban Districts and Rural Districts in each quarter of the year:—

	First Quarter.		Second Quarter.		Third Quarter.		Fourth Quarter.		Total.		Total Paralytic and Non-Paralytic.
	P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.	
Boroughs ...	—	—	2	—	—	1	1	—	3	1	4
Urban Districts	—	—	—	1	3	1	6	—	9	2	11
Rural Districts	—	—	—	—	2	1	5	1	7	2	9
Total ...	—	—	2	1	5	3	12	1	19	5	24

Eighteen children to the age of 15 years were affected, the youngest being only 14 months. The age distribution was as follows:—

Pre-school children	...	...	...	29%
School children	...	...	...	46%
15 — 25 years	...	...	...	4%
Over 25 years	...	...	...	21%

The vaccination of children born between 1947 and 1954 was commenced and a full report will be found on page 61.

ROAD SAFETY.

The Chief Constable has kindly sent me a copy of his annual report on road accidents in the county, and I quote the figures as in previous years.

The number of road accidents was 3,683 compared with 3,675 last year. Both the number of injured and killed increased slightly as well. Fifty-five persons were killed on the roads, 6 drivers, 14 passengers, 11 motor cyclists, 3 pillion passengers, 3 pedal cyclists and 18 pedestrians. Of the pedestrians, 4 were children under 2 years and another 4 between 5 and 15 years. The number of injured persons was 1,944 compared with 1,877 last year.

The report gives full details of police divisions where accidents occurred and of the time of day, day of week, etc., in which most accidents happened, and it is clear that certain roads, such as the 5 miles between the county boundary and Fisher Lane, Seaton Burn, on A.1 where there were 196 accidents and the Coast Road where 72 accidents happened, were black spots.

During September, October and November a national "Mind that Child" campaign was advertised and over the whole country 41 fewer children were killed and over 700 fewer injured than in the same period last year. The county figures for the campaign with comparative figures for the same months last year were :—

			Killed.	Serious Injury.	Slight Injury.	Total.
1956	...	...	3	20	78	101
1955	...	...	1	14	93	108

Education at child welfare centres has continued but it is obvious when reading the Chief Constable's report that much more teaching is still required for the school children.

TUBERCULOSIS.

The rapid improvement in mortality from tuberculosis which has been noted over the past eight or nine years was relatively even greater in 1956 than ever before. For the first time the death rate from tuberculosis approximated closely to the national rate; previously tuberculosis mortality in Northumberland had been appreciably higher than that for the country as a whole. The number of deaths was the lowest ever recorded and was 26% less than in 1955.

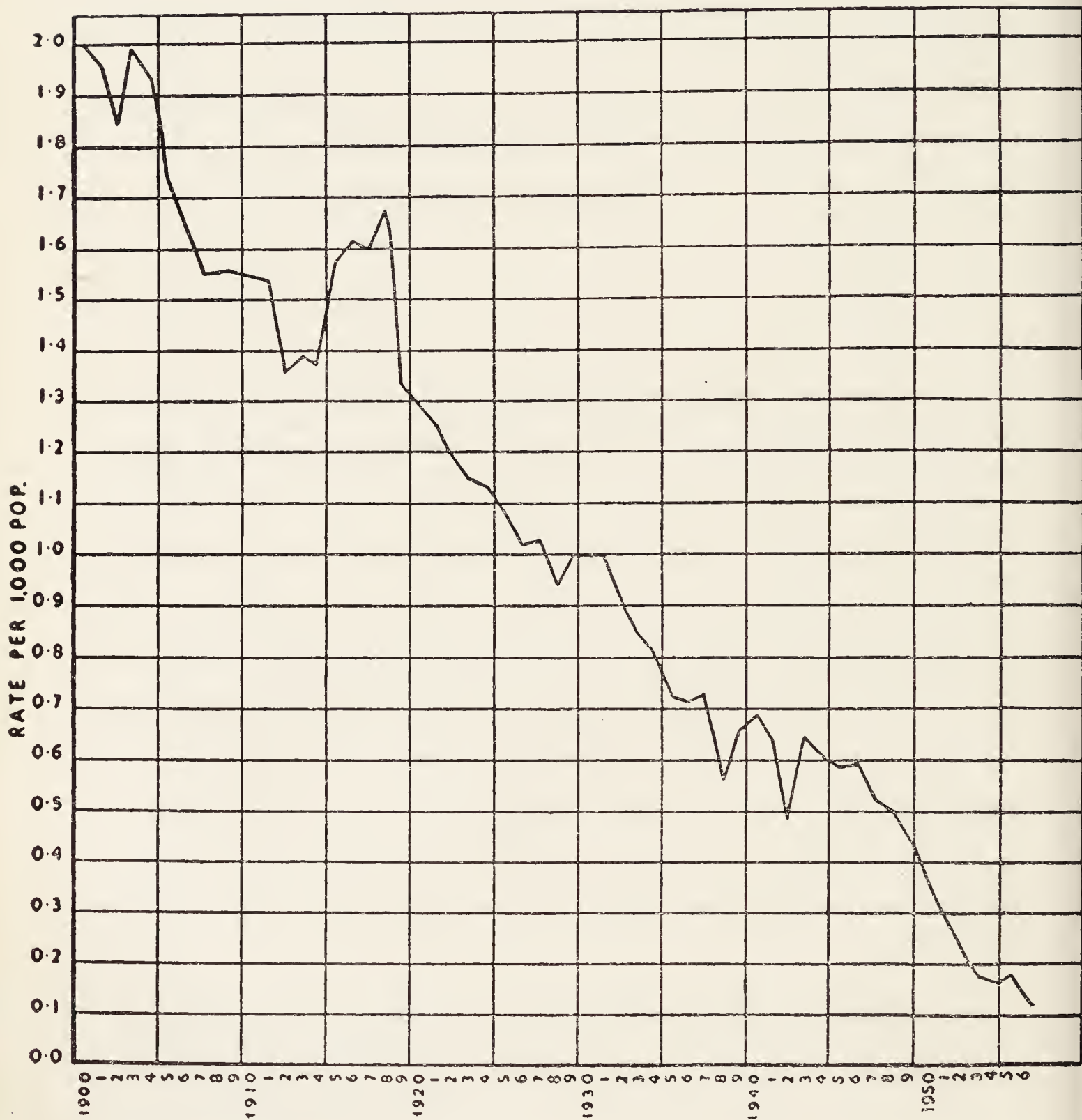
The improvement in mortality from this disease in the last 30 years is well shown by the following figures :—

			Deaths from tuberculosis		Total.
			Pulmonary	Non-Pulmonary.	
1926	...	...	303	120	423
1936	...	...	224	66	290
1946	...	...	200	42	242
1956	...	...	50	5	55

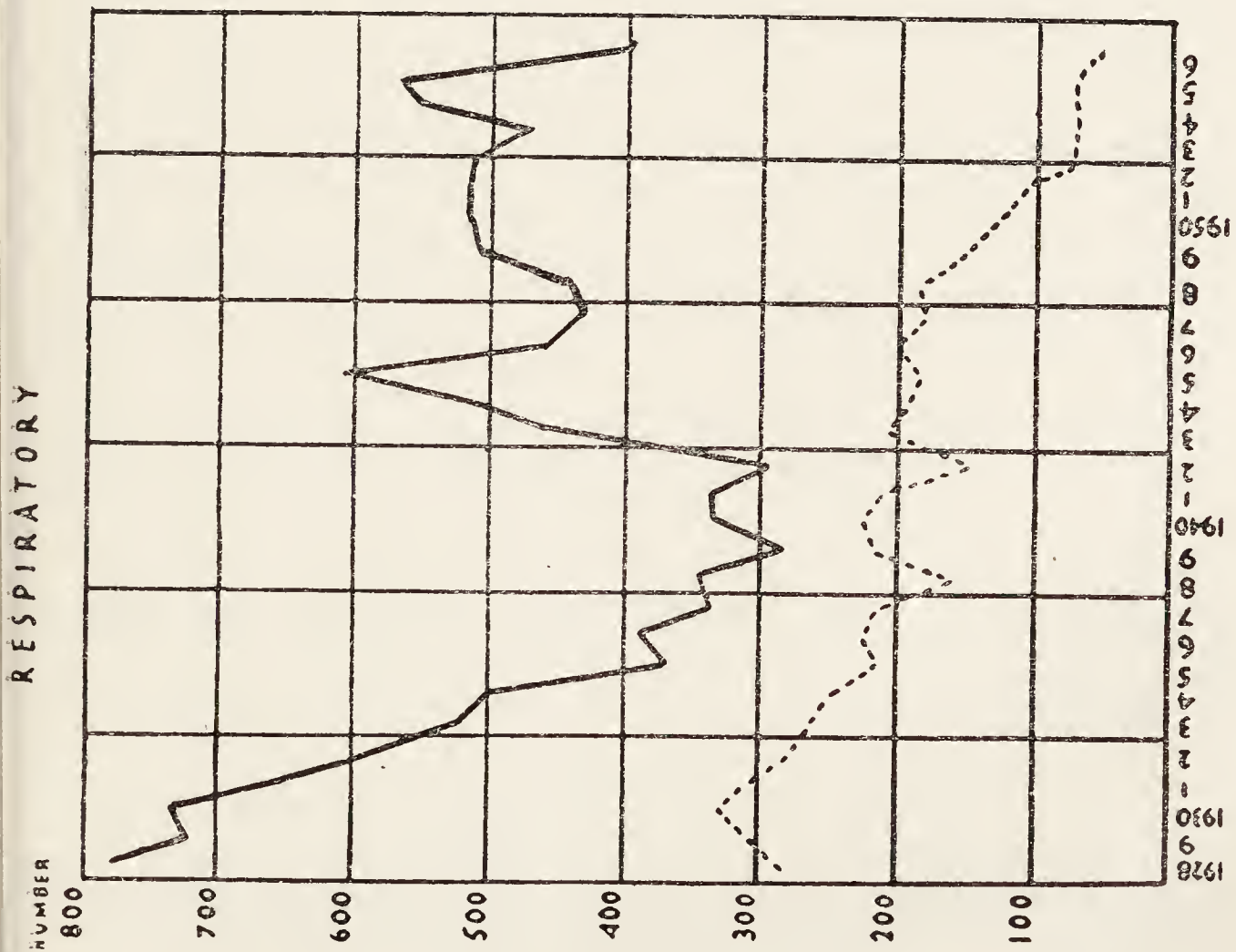
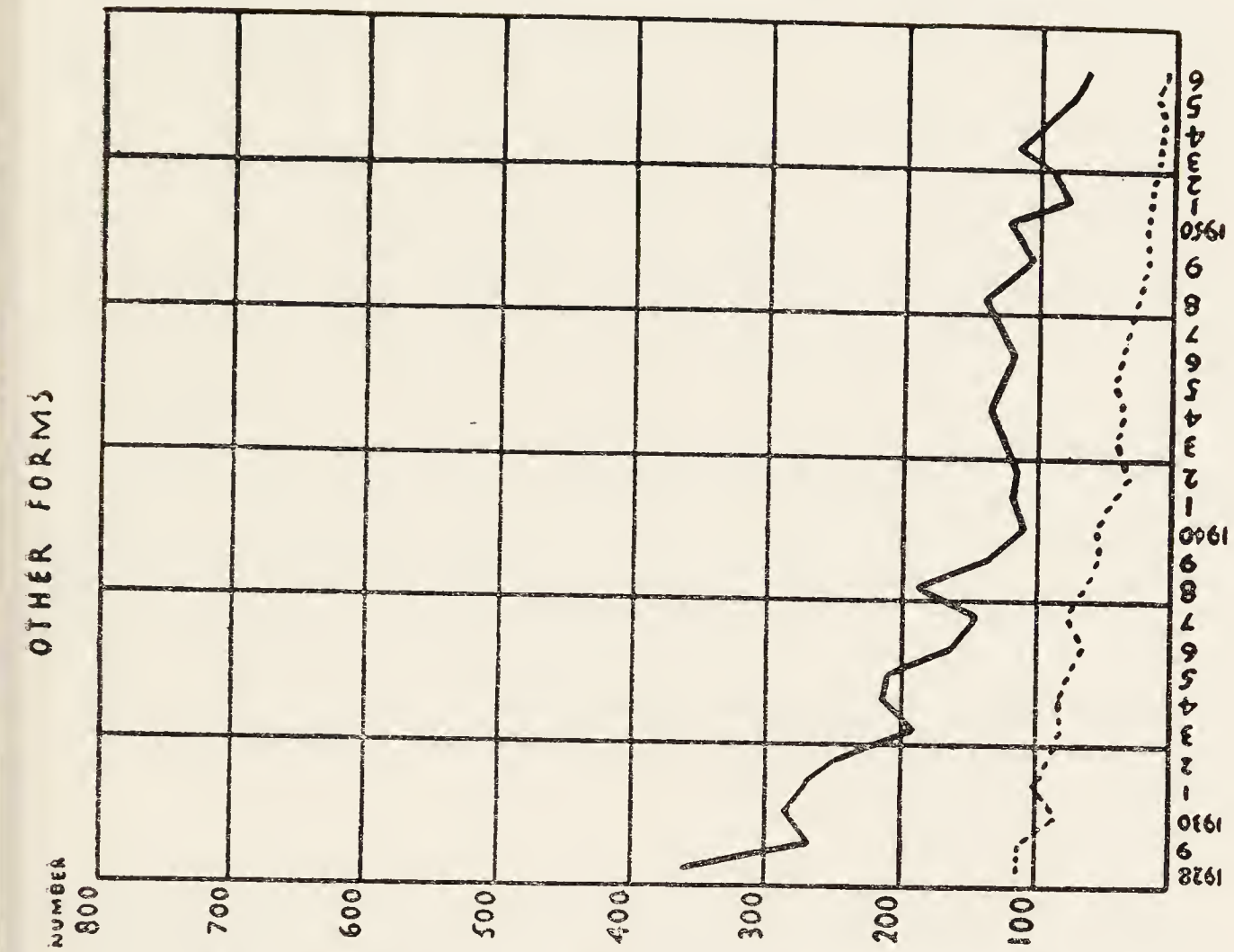
The search for new cases of tuberculosis continued unabated throughout the year. The Regional Hospital Board's chest physicians at their chest clinics are the mainstay of this diagnostic and preventive drive. The provision of x-ray facilities and the Mass Radiography Service have greatly assisted in case finding, while the examination of contacts of known cases and of the contacts of children both entering and leaving school who react to the tuberculin test has been rigorously undertaken. The co-ordination of the efforts of the chest physicians, the doctors of the Local Health Authority and Local Education Authority and the health visitors in this work was excellent as it has been in previous years. The welcome reduction in the number of notifications of new cases must be related to the work of the chest physicians whose treatment with modern therapeutic agents results not only in the saving of life but in the reduction of infectivity.

The number of notifications was the lowest since 1942, the number of non-pulmonary notifications being the lowest ever recorded, and it may be noted that of the total of 467 notifications 44 were transfers from Newcastle and 59 from other areas. The decline in the incidence of non-pulmonary tuberculosis in recent years can be related in part to the great improvement in the milk supply to which reference is made later in the report.

TUBERCULOSIS — ALL FORMS
TREND OF DEATH RATE — YEARS 1900 TO 1956



TUBERCULOSIS



These improvements in mortality and morbidity from the disease that Bunyan called the "Captain of the Men of Death" have gained in pace so rapidly in the last few years that hopes arise that its virtual elimination may be a possibility to be achieved within our lifetime. Greater prosperity and improvements in housing have undoubtedly played an important part in the improvement in this county, but the inextricably linked treatment and preventive services have probably been the greatest factor. There must be no relaxation of our preventive efforts: as we concentrate our whole attack on a smaller field, we may achieve even more rapid improvements, for, although the position has been reached that patients needing treatment can be admitted to hospital immediately and although we may be in sight of the closing of sanatorium beds on an appreciable scale, there remains a great burden of morbidity, falling especially heavily on those between 15 and 45 years of age and much alleviation of this burden is needed. The increased emphasis which is being placed on the search for sources of infection at places of work and the extension of the use of mass radiography units and the Odelca camera for the examination of patients referred by family doctors are directed towards this end.

B.C.G. VACCINATION.

Among the preventive measures which are available B.C.G. vaccination remains relatively new in this country. The policy of reserving this method of protection for those at special risk and those about to enter new fields of unknown risk seems well justified by the mortality and morbidity figures for children in Northumberland. The work of B.C.G. vaccination was carried out by the chest physicians and the school doctors and, with the co-operation of the teachers of the county, the scheme worked smoothly during the year. The following table shows the figures from the inception of the scheme eight years ago:—

	1st Oct., 1949 to 31st Dec., 1951.	Year. 1952.	Year. 1953.	Year. 1954.	Year. 1955.	Year. 1956.	Total.
Contact Scheme ...	219	578	446	435	529	549	2,756
School Children Scheme ...	—	—	—	—	2,206	2,575	4,781
	219	578	446	435	2,735	3,124	7,537

During 1956 nine children who received B.C.G. vaccine were boarded-out for segregation purposes during vaccination.

Chest Clinic Service.

Annual reports of the work of the chest clinics have been received from Drs. Beal and Gilmore and other statistics have been extracted from quarterly returns.

SOUTH-EAST NORTHUMBERLAND AREA.

WALLSEND CHEST CLINIC.

Dr. J. R. Beal reports that this clinic serves a population of 49,440 living in the Borough of Wallsend. Sessions have continued as before and with the new Odelca camera it was possible to start special x-ray sessions for doctors' patients.

Statistics.

As compared with a total of 836 new patients referred in 1951, only 375 new cases were seen at the clinic. Among these patients 34 were suffering from pulmonary tuberculosis compared with 49 last year. In the following table it will be seen that the progressive fall has been more manifest in the pulmonary group, which is a most encouraging feature :—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Chil- dren.	Total.	M.	F.	Chil- dren.	Total.	
T.B. Minus	7	4	3	14	3	7	1	11	25
T.B. Plus	10	10	—	20	—	—	—	—	20
Total ...	17	14	3	34	3	7	1	11	45
Total 1955	26	19	4	49	3	3	2	8	57

This table includes 5 contacts who were found to be suffering from pulmonary tuberculosis.

On 31st December there were 346 cases on the register as against 395 a year ago. This is the first time there has been a significant fall in the register. Of the 346 names, 298 were pulmonary cases and 197 were in the group T.B.+ . 34 persons were known to have had a positive sputum within the previous six months and 16 were living at home at the end of the year.

Contacts.

311 new contacts were either examined or x-rayed : 796 old contacts were similarly checked and at the Mass Radiography Unit a further 399 contacts were seen. This means that a total of 1,506 contacts of cases was seen, an average of about 4 per case.

Tuberculin Testing and B.C.G. Vaccination.

All contacts to the age of 15 years were skin tested. This means that 324 susceptible children were tested and the following results obtained :— positive 13, previously positive 235, negative 76. 72 of this last group were vaccinated.

Tuberculin Testing of School Children (Dr. G. M. Cubie).

During the year 517 Mantoux positive school children were referred to the chest clinic. X-ray films were arranged and of the 227 who attended the chest clinic 191 showed a normal film, 31 showed healed lesions and 5 children showed some slight shadowing and were kept under observation. As a result, one child was admitted to Stannington Sanatorium.

Families of these 517 children were also invited to have x-ray films of their chests and 1,071 out of 1,380 persons were x-rayed. Two male adults were discovered to have pulmonary tuberculosis.

After-care has continued as in previous years and Miss Dunn, the almoner, has been able to give advice and help when necessary.

TYNEMOUTH CHEST CLINIC.

Drs. Beal and Walker see the population of Tynemouth, 67,700, as well as Whitley Bay, 32,380, and part of Seaton Valley, 13,000.

Statistics.

In the whole area including Tynemouth 571 new cases were seen and 76 were suffering from tuberculosis. Including six new cases seen as contacts, the distribution becomes Tynemouth 60 cases, County 22 cases. These were classified as follows :—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	5	1	2	8	1	1	—	2	10
T.B. Plus	7	5	—	12	—	—	—	—	12
Total ...	12	6	2	20	1	1	—	2	22
Total 1955	12	8	2	22	1	3	—	4	26

The register decreased from 664 to 652 and, of these, 591 were pulmonary cases and 383 were T.B. plus. In the county areas there were only 16 patients who were known to have had a positive sputum within the previous six months. Nine patients, six in Whitley Bay, were still living in their homes.

Contacts.

The surveying of contacts was pursued and in both county areas one child was found to have pulmonary tuberculosis.

Tuberculin Testing and Vaccination.

110 children below 15 years of age were skin tested because they had been in contact with a case of tuberculosis. 76 had previously been positive reactors, 8 new positive results were found and 26 children gave a negative result. It is most pleasing to report that all were vaccinated.

NEWCASTLE UPON TYNE CHEST CLINIC, NEW BRIDGE STREET.

Patients from Gosforth, Longbenton and Castle Ward districts are required to attend this clinic.

From the figures available the following information has been obtained :—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
Total	32	23	8	63	4	4	4	12	75
Total 1955	20	27	8	55	2	4	7	13	68

A total of 292 patients were considered to be infectious or potentially infectious at the end of the year.

Contacts.

279 new contacts and 595 old contacts were examined ; 7 new cases of tuberculosis were diagnosed.

Tuberculin Testing and Vaccination.

128 contacts gave a negative reaction to a skin test but only 51 were vaccinated with B.C.G.

NEWCASTLE UPON TYNE CHEST CLINIC, 167, ELSWICK ROAD.

Patients from Newburn Urban District attend this clinic.

Statistics.

Sixty-three new patients attended during the year and 15 cases of tuberculosis were diagnosed as follows :—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	3	2	2	7	1	1	—	2	9
T.B. Plus	2	4	—	6	—	—	—	—	6
Total ...	5	6	2	13	1	1	—	2	15
Total 1955	10	11	1	22	—	—	4	4	26

The number of patients known to have had positive sputum within the last six months was eleven.

Contacts.

90 new contacts, 238 old contacts (all children) and 108 adults were referred to the mass radiography unit.

Tuberculin Testing and Vaccination.

Skin testing of all contacts was performed and as a result it was possible to vaccinate 52 children who showed a negative reaction.

WEST NORTHUMBERLAND AREA.

HEXHAM CHEST CLINIC.

The whole population in the west of the county numbering over 50,000 is required to attend this clinic.

Statistics.

21 new cases of tuberculosis were diagnosed compared with 46 last year. They were classified as follows :—

	PULMONARY				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	7	7	—	14	—	1	1	2	16
T.B. Plus	2	3	—	5	—	—	—	—	5
Total ...	9	10	—	19	—	1	1	2	21
Total 1955	13	20	4	37	5	2	2	9	46

Contacts.

There was a corresponding fall in the follow up of contacts as a result of this dramatic decrease in the number of new cases.

311 old and new contacts were either examined at the clinic or had films of their chests taken and as a result one further case of tuberculosis was found.

Tuberculin Testing and Vaccination.

All contacts of new cases were skin tested and all of the 60 negative reactors were successfully vaccinated.

At the end of the year, three men and two women who are infectious were living in their own homes.

NORTH NORTHUMBERLAND AREA.

This district, which covers the heavily populated mining areas around Blyth, Ashington and Broomhill, as well as the totally rural Coquet Valley and the northern districts, is provided with chest clinics at Blyth, Ashington, Alnwick and Berwick and takes in a population of over 200,000 people.

Dr. James M. Gilmore reports that no major changes took place at any of the chest clinics but that great difficulty was experienced in maintaining an adequate x-ray service due to the resignation of a radiographer. The sessions at Berwick have been changed to alternate Wednesdays instead of weekly during the year.

BLYTH CHEST CLINIC.

This service served a population of 62,085 people. Dr. Gilmore reports that the number of notifications in Blyth following the special survey last year was disappointing. The respiratory notifications for the last five years have been :—1952—99, 1953—62, 1954—44, 1955—69 and 1956—48. Five patients notified were actually recalled following the survey. Only eight other cases had attended the survey and all had normal x-rays at that time.

Statistics.

The total number of new cases diagnosed as pulmonary or non-pulmonary tubercle was 85 compared with 106 last year. 46 were T.B. minus, 32 T.B. plus cases and the remaining 7 non-pulmonary disease.

Contacts.

The search for infected contacts continued and 1,684 examinations of old and new contacts resulted in 16 other cases being diagnosed.

B.C.G. Vaccination.

163 children were successfully vaccinated.

ASHINGTON CHEST CLINIC.

Statistics.

There were 63 pulmonary and 8 non-pulmonary new cases diagnosed compared with last year's total of 57, quite a considerable increase in the lung notifications.

Contacts.

1,060 old and new family contacts were examined or x-rayed at this clinic and a further 8 new cases diagnosed as a result.

Tuberculin Testing and Vaccination.

All children showing a negative reaction to the skin test were offered vaccination and 104 were carried out.

ALNWICK CHEST CLINIC.

Statistics.

170 cases remained on the register and during the year 25 new cases of tuberculosis were diagnosed compared with 31 last year. This is the first fall recorded for many years. Of the 17 pulmonary cases, only 5 were T.B. plus cases.

Contacts.

250 examinations of home and family contacts were made during the year, an average of 10 per case. 4 further cases were notified as a result of these examinations.

B.C.G. Vaccination.

All negative reactors to tuberculin testing are vaccinated if the parents are willing and at this clinic 45 children were vaccinated compared with 41 last year.

BERWICK CHEST CLINIC.

Statistics.

Last year 22 new cases were diagnosed as tuberculous and 8 of these were classified T.B. plus. During this year the total fell to 18 but the positive cases remained at 8. There was a slight increase in the number of cases on the register at the end of the year.

Contacts and Vaccination.

200 contacts were examined from new cases notified and a further two cases were found.

Of those children found to be tuberculin negative, 18 were vaccinated.

Dr. Gilmore reports that there was no appreciable change in the total number of attendances at the clinics during the year and no significant decrease in the number of notifications. The total number on the registers showed a further slight increase from 1,414 to 1,476, while the number of infectious or potentially infectious at home was 56.

The condition of the 1,199 adult pulmonary cases on the register at the end of the year was:—

	Male.	Female.	Total.	Percentage.
Well and working	440	211	651	54
Housewives working at home ...	—	292	292	24
Fit but not yet working	39	18	57	4·7
In hospital	41	38	79	6·6
Domiciliary treatment	23	9	32	2·7
Unfit for work	62	26	88	7·4
	605	594	1,199	

Mass Miniature Radiography.

Units 1A and 2 visited the county during the year and the figures shown in Table 12 have been extracted from the report of the Director of No. 2 Unit, Dr. J. R. Beal.

The unit moved round the county for a total of 20 weeks and visited the following places :—Wallsend, Whitley Bay, Acklington R.A.F., Ashington, Morpeth, Bedlington, Seaton Delaval, Blyth,

Alnwick, Hexham, Prudhoe, Haltwhistle and Bardon Mill. Patients in hospitals at Northgate, Prudhoe Hall, St. George's, St. Mary's, Burnholme, Lemmington Hall and in the homes at Monkseaton, Blyth, Netherton and Longhirst were also examined.

In the south-east of the county calls at Wallsend and Whitley Bay resulted in 12,451 small films being taken, a considerable increase on last year. It was necessary to take 217 large chest films and 29 patients were referred to the chest clinics. From this survey 13 active new cases of tuberculosis as well as 31 inactive and 32 post-primary inactive cases were found.

Six weeks were spent at the R.A.F. Station at Acklington and in the mining areas round Ashington and 5,921 films were taken. 106 people were recalled for a large x-ray of chest and four new cases of active tuberculosis as well as 22 inactive and 11 post-primary inactive cases were discovered.

In the west of the county two weeks only were spent in the larger villages. 2,095 people were x-rayed, 25 were x-rayed again and no new active tuberculosis was discovered. 19 old cases returned for a further check up.

The usual visits were paid to the Alnwick Training College and to the hospitals mentioned above and details will be found on page 103.

In the county 26,056 miniature films were taken altogether and 23 new active cases of tuberculosis were notified, giving a percentage of active cases to total films taken of 0·08 compared with 0·16 last year.

Prevention of Illness, Care and After-Care.

Previous reports have described the county scheme by which Section 28 of the National Health Service Act is operated in the homes of the sick and in the clinics.

The voluntary nature of the After-Care Sub-Committees is worthy of note and their continued financial interest has also done much to help those unable to benefit from direct relief either under the county scheme or from the National Assistance Board.

On the Tuberculosis side, the diminishing trend of the disease is discussed elsewhere and the co-operation between chest physicians, almoners, National Assistance Board and the Ministry of Labour has continued to be of inestimable value in the after-care and rehabilitation of patients who have had treatment.

As was to be expected with fewer patients, the work of the almoners at the chest clinics diminished by comparison with last year and this is shown in Table 13. A lot of use was again made of the Government Training Centres and Industrial Rehabilitation Units and 43 patients attended for varying periods.

The policy of giving extra nourishment, usually as milk, as well as other necessary comforts was continued from the Area Health Offices and details of the help given can be found on page 104.

Nursing equipment of all types was also distributed on free loan from Area Offices and from the homes of the district nurses and this aspect of After-Care is rapidly expanding and has proved of great value in convalescence.

Convalescent holidays have again been arranged and 21 tuberculous patients benefited from a holiday at the private convalescent home especially run for such patients by Mrs. W. Thompson, S.R.N., at Shoreston Hall, Seahouses. 66 other patients who needed a convalescent holiday after illness went to various homes in the north country and in the Lake District and benefited by the change and rest.

OCCUPATIONAL THERAPY.

During the year the two Occupational Therapists dealt with tubercular and physically handicapped patients.

Two exhibitions of work were held, one at a local Annual Agricultural Show and the other after a County Council meeting. The patients look forward to exhibiting at these annual events and gain a considerable amount of prestige through them.

An Occupational Therapy class was re-started in Blyth in June. This has proved very successful as useful liaison between patients. The main craft is basketry but apart from the satisfaction gained by the excellent results achieved in this craft the patients gain immeasurably by the social contact outside their own homes.

Weaving is once again one of the most popular activities ; one patient making lengths of tartan to be made into skirts and kilts.

With the co-operation of the Longbenton and Seaton Valley Councils, two arthritic housewives were provided with adaptations to their toilets and one had other small alterations made to gas and water taps, door handles, etc. In both cases the toilet adaptations, designed by the Occupational Therapist, proved very valuable indeed in the maintenance of the patients independence.

One patient, who makes excellent baskets, designed a doll's cradle which has proved very successful and the lucky children who received them as Christmas presents were highly delighted.

At the end of the year 371 patients had received some therapy and 157 patients received 1,829 visits in their homes during the year.

VENEREAL DISEASES.

Owing to the decrease in work at the Blyth Clinic, the Regional Hospital Board decided to close it and patients transferred for continuation treatment to Newcastle and Tynemouth.

Annual returns from the principal clinics in the area show that new patients living in the county and treated were as follows :—

Clinic.	Venereal Conditions.	Non-Venereal and Undiagnosed Conditions.	Total.
Newcastle upon Tyne ...	107	379	486
Tynemouth	8	33	41
South Shields	—	4	4

Prevention of Venereal Disease.

Contact Tracing.

The total number of female contacts sought within the area was 29, involving 26 visits.

It was possible to identify 23 of these ; 19 of whom subsequently attended the Clinic where the following diagnosis was made :—

Syphilis	...	...	...	...	nil
Gonorrhoea	...	...	...	...	14
Non-venereal	...	...	...	...	5

Visiting.

As well as visits to contacts the health visitor paid 467 visits to other patients, mainly defaulters from treatment. 21 patients were escorted to the clinic in an effort to promote regular attendance.

Ante-Natal Serological Tests.

There were 3,795 serological specimens submitted from the department's clinics for examination during the year. 38 cases of maternal syphilis underwent treatment at the clinic prior to pregnancy and of the babies subsequently born and tested, all were found to be healthy.

HEALTH EDUCATION.

During the year, the health education service was reorganised under the public relations section and it is pleasant to record the close liaison which now exists between this section and the outside workers.

The sound projector which is operated from this department was used extensively throughout the county, in particular in the rural parts where the films are more appreciated than they are in the towns ; in addition to the sound film unit, small film strip projectors were used by the health visitors to assist them in illustrating their talks.

Health visitors arranged many interesting displays in the child welfare centres and it is apparent from enquiries received at the centres and in this department, that these displays have created the necessary interest.

Propaganda issued by the Central Council for Health Education and other similar bodies was bought centrally and passed on to the outside workers for distribution to the public.

MATERNITY AND CHILD WELFARE SERVICES.

Notification and Registration of Births.

In the year 1956, there was again a rise in the birth-rate in the County of Northumberland. A total of 7,754 births was registered, compared with 7,577 in 1955. Live births numbered 7,593, and live birth rate was 16·51 per 1,000 of the population, compared with a rate of 15·7 for England and Wales. The number of still-births was 161, giving a rate of 20·76 per 1,000 total births, the comparable rate for the whole country being 23·0. Illegitimate births numbered 249, of which 6 were still-births.

The total of notified births was 7,638, of which 2,306 took place at home, and 5,332 or approximately 70% in hospitals or nursing homes. Included in this total of notified births were 158 still-births, of which 21 took place at home, and 137 in institutions.

Still-births.

There was a sharp fall in the still-birth rate in the county from 23·23 per thousand total births in 1955, to 20·76 per thousand total births in the year under review. This compared very favourably with the rate of 23·0 for the whole of the country, and the previous lowest rate of 23·09 in Northumberland in 1950. The fall in the county rate was 2·47 per thousand, compared with a fall of 0·1 per thousand in England and Wales.

The only condition associated with foetal death, of which we have fairly accurate statistical knowledge, is prematurity. In the total of 158 notified still-births, 62 or 39% were associated with this condition. The incidence of still-birth is, of course, higher in hospital owing to the fact that the majority of obstetric abnormalities are dealt with there. In 1956, 137 out of 158 or 87% of all still-births notified in the county took place in hospital, and of these 30% were premature. In the total of 21 still-births which took place at home, 11 or 52% were associated with prematurity.

Neo-natal Mortality Rate.

The fall in the still-birth rate was not, unfortunately, accompanied by a fall in the neo-natal mortality rate. In 1956, of the 7,593 babies born alive, 149 died before the end of the first month, and the neo-natal mortality rate was 19·6 per thousand live births. The rate in 1955 was 19·0 per thousand live births, and, in fact, the rate for 1956 has only been exceeded once since 1948. The rate in the country as a whole, was 16·9 per thousand live births. It will be noted from the statistics given in the section dealing with premature births, that the rise in the neo-natal rate can be attributed largely to an increase in the number of neo-natal

deaths due to prematurity. In addition, four deaths in the year under review were due to haemorrhagic or haemolytic disease, and in 1955 there were no deaths from this cause. The number of deaths due to malformation and congenital heart disease remains remarkably constant, as also does the number due to atelectasis and respiratory conditions combined. Prematurity is given as the first and only cause of death in 58 cases, and as an associated cause in a further 21 cases—a total of 79 deaths in all or 53% of the total.

The following table sets out the causes of these deaths and their distribution in urban and rural areas :—

Neo-Natal Deaths, 1956.

Cause of Death.	Boroughs and Urban Districts.	Rural Districts.	Total.
Prematurity	48	10	58
Intracranial Haemorrhage	12	4	16
Malformation	11	4	15
Atelectasis	5	3	8
Respiratory Disease	5	2	7
Cerebral Anoxia	6	—	6
Heart Failure	6	—	6
Congenital Heart Disease	4	1	5
Asphyxia	4	1	5
Pulmonary Haemorrhage	3	1	4
Haemorrhagic Disease of Newborn	2	1	3
Hyaline Membrane Disease	1	2	3
Pulmonary Collapse following operation for repair of Fistula	2	—	2
Neo-natal Peritonitis	1	—	1
Embolism	1	—	1
Anoxaemia and Post-maturity	1	—	1
Haemolytic Disease of Newborn	1	—	1
Ideopathic Disease of Infancy	1	—	1
Renal Failure	1	—	1
Debility from Birth	1	—	1
Convulsions and Prematurity	1	—	1
Maternal Eclampsia	1	—	1
Birth Trauma	1	—	1
Paralytic Ileum	1	—	1
	<u>120</u>	<u>29</u>	<u>149</u>

Premature Births.

The number of premature births notified during the year was 493, and this total included 441 live births and 52 still-births. The hospital cases born alive numbered 329, and a further 15 born at home were transferred to hospital and nursed there, so that in all 344 premature babies were nursed in hospital, and of these 82% survived at the end of one month. Those who were born at home and nursed there numbered 94, and 81% survived at the end of one month. Of the babies born in hospital and nursed there, together with 3 babies born in nursing homes who survived, 83% survived the neo-natal period. In all, 82% of the premature babies were alive at the end of the first month, compared with 86% in 1955.

The premature still-births numbered 52, or 32% of the total number of 161 registered still-births, compared with 41% in 1955. Of the total of 149 neo-natal deaths, 58 were notified as due to prematurity, and it was an associated cause in a further 21 cases. The neo-natal deaths associated with prematurity amounted to 53% of all such deaths, compared with 47% in 1955. The fall in the premature still-birth rate was, therefore, off-set to some extent by the rise in the premature neo-natal death rate, which partly explains the rise in the general neo-natal death rate.

Perinatal and Maternal Mortality.

During the year, the memorandum on ante-natal care related to toxæmia, prepared by the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council was received. A series of meetings to discuss the memorandum, and to consider means of improving the ante-natal services in the region, was convened at the Royal Victoria Infirmary, Newcastle upon Tyne, and Preston Hospital, North Shields, and was attended by professional representatives of the three branches of the National Health Service in Newcastle and Northumberland. Their recommendations were embodied in memoranda which were forwarded to the Ministry of Health for consideration.

Attention has frequently been drawn in the annual report to the failure to effect a reduction in the combined neo-natal and still-birth rate, and in the report for 1955 some of the points raised in the memorandum prepared by the Advisory Committee were stressed.

In 1956, the peri-natal mortality rate was the lowest it has been since the inception of the National Health Service, as the following table demonstrates. (The year 1948 has not been included, as the administration of the maternity and child welfare

services over the whole of the county was carried out by the County Council for only part of the year) :—

Year.	Still-birth Rate.	Neo-natal Mortality Rate.	Combined Still-birth and Neo-natal Mortality Rate.	Infant Mortality Rate.
1949	24.58	18.6	43.18	36.0
1950	23.09	21.2	44.29	36.60
1951	23.85	18.2	42.05	32.49
1952	25.04	18.7	43.74	29.37
1953	23.76	17.2	40.96	28.46
1954	23.83	19.0	42.83	27.03
1955	23.23	19.0	42.23	26.75
1956	20.76	19.6	40.38	25.80

It will be observed that whilst the infant mortality rate has satisfactorily declined, and the still-birth rate has shown a small but steady improvement, the neo-natal rate has slightly increased. However, the fall in the combined rate in 1956 brings it very close to the national rate, which did not fall so sharply as the Northumberland rate in that year.

				Combined Rates.	
				England and Wales.	Northumberland.
1951				41.84	42.05
1952				41.0	43.74
1953				40.06	40.96
1954				41.2	42.83
1955				40.4	42.23
1956				39.9	40.38

Examination of the statistics relating to still-births, neo-natal mortality and prematurity in the county in 1956, reveal the following points of comparison with those in 1955 :—

1. The incidence of prematurity was lower in 1956 than in 1955.
2. A much larger proportion of premature babies survived the confinement in 1956 than in 1955.
3. The net gain in the number of babies born alive resulting from the above was, however, somewhat reduced by the fact that a higher proportion of the premature babies born alive died in the neo-natal period in 1956 than in 1955.
4. The proportion of still-births and neo-natal deaths was higher in premature births which took place at home, than in those which occurred in hospital.

It would appear that measures designed to prevent the occurrence of prematurity, such as prompt detection and early treatment of toxæmia, form one of the most effective means of attack on the peri-natal mortality rate. For this purpose, more hospital beds for the treatment of abnormalities occurring during the ante-natal period are necessary. Furthermore, if premature birth appears to be inevitable, the confinement should preferably take place in hospital. Difficulties experienced in Northumberland in arranging for the admission to hospital of premature babies who have been born at home, suggest that the accommodation available for the reception and care of such babies in the region is inadequate.

The question of peri-natal mortality, with special reference to the Advisory Committee's memorandum, was also discussed at conferences of health visitors and midwives employed in Northumberland. Suggestions put forward for the improvement of the ante-natal services provided by the Local Health Authority centred round the following points:—

1. Arrangements for the inter-change of information between midwives, health visitors, medical officers in attendance at ante-natal clinics, general practitioners and maternity hospitals.
2. The follow-up of expectant mothers failing to keep appointments at ante-natal clinics, and also those for whom treatment was prescribed following the detection of some abnormality.
3. Improved facilities for the medical care of mothers in attendance at ante-natal clinics, including arrangements for two routine haemoglobin investigations to be carried out during pregnancy.
4. Health education of expectant mothers.

Infant Deaths.

In 1956, although there were 192 more live births than in 1955, fewer children died before reaching the age of one year. The total of live births was 7,593, the number of infant deaths was 196, and the infant mortality rate was, therefore, 25·80 per thousand live births—a fall of 0·95 per thousand from the rate of 26·75 recorded in 1955. Again in 1956, as in 1955, the improvement in the rate took place in the age group one month to one year, compensating to some extent for the rise in the neo-natal rate. During the same period the national rate fell from 24·9 to 23·8 per thousand live births, but this included a fall of 0·4 in the neo-natal rate.

The following table sets out the causes of death, according to the registrar general's classification, in boroughs, urban districts and rural districts.

	Boroughs and Urban Districts.			Rural Districts.			Total.
	M.	F.	T.	M.	F.	T.	
Congenital Malformations	19	12	31	2	5	7	38
Pneumonia	7	9	16	1	3	4	20
Bronchitis... ..	1	1	2	—	—	—	2
Other Diseases of Respiratory System	1	—	1	—	—	—	1
Gastritis, Enteritis and Diarrhoea ...	2	—	2	—	1	1	3
Meningococcal Infections	1	—	1	—	—	—	1
Other defined and ill-defined diseases ...	56	42	98	14	9	23	121
All other Accidents	4	5	9	—	1	1	10
TOTAL ...	91	69	160	17	19	36	196

In 1956, 23 babies died from respiratory conditions compared with 38 in 1955. The number of deaths due to congenital malformations, infections of the gastro-intestinal tract and other infections, showed a slight decrease. The only increase in the number of deaths occurred in the group which includes prematurity, which numbered 121 compared with 102 in 1955.

Year.	Total Infant Deaths.	MAIN CAUSES OF INFANT DEATHS.		
		Congenital Malformations.	Respiratory Infections.	Other Defined and Ill-defined Diseases (including Prematurity).
1952	207	30	43	108
1953	207	40	37	102
1954	196	42	25	106
1955	198	37	38	102
1956	196	38	23	121

It will be interesting to observe during the next five years whether efforts to improve the standards of ante-natal care will succeed in reducing the number of deaths in the class which includes prematurity.

The infant and neo-natal mortality rates in boroughs and urban and rural districts may be compared in the following table :—

COUNTY DISTRICTS.	Live Births.	INFANT DEATHS.		NEO-NATAL DEATHS.	
		Infant Deaths under 1 year.	Infant Mortality Rate per 1,000 live births.	Infant Deaths under 4 weeks of age.	Death Rate per 1,000 live births.
BOROUGHES.					
Berwick-upon- Tweed	272	11	40·44	8	29·41
Blyth	624	11	17·62	10	16·02
Morpeth	203	7	34·48	6	29·56
Wallsend	1,028	27	26·26	17	16·54
Whitley Bay	416	12	28·85	8	19·23
URBAN DISTRICTS.					
Alnwick	137	3	21·89	1	7·29
Amble	81	2	24·69	—	—
Ashington	471	17	36·09	12	25·48
Bedlingtonshire	443	10	22·57	10	22·57
Gosforth	416	6	14·42	5	12·02
Hexham	131	2	15·26	2	15·26
Longbenton	735	15	20·41	12	16·33
Newbiggin-by-the- Sea	179	4	22·35	3	16·76
Newburn	428	17	39·72	13	30·37
Prudhoe	135	9	66·67	9	66·67
Seaton Valley	377	7	18·56	4	10·61
RURAL DISTRICTS.					
Alnwick	178	5	28·09	4	22·47
Belford	56	2	35·71	2	35·71
Bellingham	99	—	—	—	—
Castle Ward	265	4	15·09	4	15·09
Glendale	89	3	33·71	3	33·71
Haltwhistle	98	3	30·61	2	20·41
Hexham	316	5	15·82	3	9·49
Morpeth	282	8	28·72	6	21·28
Norham and Islandshires	46	5	108·69	4	86·96
Rothbury	88	1	11·36	1	11·36
Totals	7,593	196	25·80	149	19·62

Illegitimate Births.

In a total of 7,754 births, 249 or approximately 3% were illegitimate—the same proportion as in the previous two years. Although the number of illegitimate births is not large, all the mortality rates in this class are much higher than they are amongst children legitimately born. However, they all declined in the year under review, and, in fact, the neo-natal rate fell quite sharply, whilst it showed an increase amongst legitimate children.

The mortality rates in the two classes over the last three years are compared in the following table :—

ILLEGITIMATE BIRTHS :

Total live and still births :—

Legitimate	...	...	...	7,505
Illegitimate	...	...	...	249

Total ... 7,754

Illegitimate = 3·21% of total.

MORTALITY RATES compared with those of children born in wedlock :—

YEAR.	STILLBIRTH RATE.		INFANT MORTALITY RATE.		NEO-NATAL MORTALITY RATE.	
	Legitimate Births.	Illegitimate Births.	Legitimate Infants.	Illegitimate Infants.	Legitimate Infants.	Illegitimate Infants.
1954	23·59	31·82	26·86	32·86	18·90	23·47
1955	23·19	24·39	25·83	54·16	18·01	50·00
1956	20·65	24·09	25·30	41·15	19·05	37·03

Maternal Mortality.

Five maternal deaths were recorded in the county in 1956 and the maternal mortality rate was 0·65 per thousand total births, compared with a rate of 0·56 per thousand for the country as a whole. The corresponding rates in 1955 were 0·66 in Northumberland and 0·69 in England and Wales.

All five deaths took place in hospital, and the causes were as follows :—

- (1) I. (a) Pulmonary embolism.
(b) Femoral thrombosis.
II. Normal childbirth.
- (2) I. (a) Accidental ante-partum haemorrhage.
(b) Pre-eclamptic toxæmia.
(c) Toxæmia of pregnancy.
- (3) I. (a) Pulmonary oedema.
(b) Hypertensive heart failure.
(c) Toxæmia of pregnancy.
- (4) I. (a) Paralytic Ileus. ...
(b) Caesarian hysterectomy operation.
(c) Placenta prævia.
- (5) I. (a) Pulmonary embolism.
(b) Phlebitis left leg after parturition.

CHILD WELFARE CENTRES.

The number of centres operating in the county at the end of 1956 was 96, compared with 97 in 1955. Centres were closed in two small villages with declining populations, and a new one was opened to serve the needs of the rapidly expanding population in the west end of Longbenton Estate. The pre-school population increased in the new estates at Brunton Park and Cowpen, and additional sessions were authorised at the clinics already established in those areas. The number of children attending and the total number of attendances were again increased.

Year.	No. of Centres.	No. of half-day sessions held.	Total No. of children attending.	Total attendances.
1952	93	5,295	22,078	123,734
1953	93	5,346	22,689	127,837
1954	95	5,478	22,789	122,431
1955	97	5,613	23,335	129,251
1956	96	5,712	23,958	133,614

Attendance at a child welfare centre is so widely accepted in Northumberland as part of the normal life of the mother of pre-school children, especially those with babies under the age of one year, that it is difficult to make any fresh comment on it. During the year, 6,940 babies less than a year old were brought to the clinics—a satisfactory proportion of the average of 7,665 born in the years 1955 and 1956. After the child reaches the toddler stage, attendances are not so frequent, and are mainly confined to the special clinics arranged for birthday consultations. A total of 18,056 children reaching the ages of 1 and up to 5 years in 1956 attended during that year. In the year 1952, 14,240 toddlers attended the child welfare centres, and there has been a steady increase in their attendances since then. The institution of toddlers' clinics is a fairly recent development and, if the improvement in attendances is maintained, the number of children reaching school age with defects which require treatment should steadily decrease.

Work on the provision of new centres continued satisfactorily during the year, and new centres were opened at Haltwhistle, Hexham and Bedlington Station. The centres at Haltwhistle and Hexham are both very pleasantly situated and are particularly appreciated because, apart from Prudhoe, the County Council had not previously provided any centres in the west of the county. The baby clinics at Bedlington Station had been operated in most unsatisfactory premises, and the ancillary services were carried on in the centre at Guide Post, an inconvenient arrangement for a large proportion of the mothers in this populous area. Extension and renovation of the centre at Gosforth was completed

during the year, and more modern accommodation for rapidly expanding activities was thus provided. Plans were approved for new centres at Forest Hall and Wooller and an extension of the existing centre at Throckley, and planning permission was given for new buildings at Tweedmouth and Longbenton.

The building of new centres is now one of the most pressing needs of the County Council's health services in Northumberland, not only because they provide more pleasing surroundings for mothers and staff, but also because they can be used as local headquarters for all the activities of the health department.

The use of the centres for the provision of chiropody services for aged people by voluntary agencies was begun in 1956, when the Old People's Welfare Committee was granted the use of the centre at Cramlington.

The distribution of national dried milk and the vitamin supplements provided by the Government, and the sale of proprietary brands of dried milk and nutritional supplements was successfully continued during the year. The Government service which had previously been administered by the Ministry of Food was taken over by the County Council in 1955. The reorganisation of the distribution involved a tremendous amount of patient and detailed work by the clerical staff of the maternity and child welfare service. Arrangements for storage and transport, and for distribution sessions at existing centres and by voluntary agencies in rural areas, which had been put into effect in 1955, were perfected in 1956. The fact that the transfer has taken place with such a complete lack of fuss and publicity is a tribute to the success of the arrangements.

A comprehensive range of proprietary brands of infant foods is available at all centres at cost price or free issue in certain needy cases.

Issues are subject to the recommendation of the Medical Officer at the Centre.

Distribution of Welfare Foods.

The following figures show the distribution of Welfare Foods in 1956 and it will be readily seen that with the exception of Cod Liver Oil, distribution showed a marked increase :—

Year	National Dried Milk.	Cod Liver Oil.	A. & D. Tablets.	Orange Juice.
	Tins.	Bottles.	Packets.	Bottles.
1956	283,655	58,261	24,214	362,915
1955	276,873	63,694	22,222	322,684

The total number of Distribution Centres in operation at the end of the year was 112, of which 96 were Child Welfare Centres and 16 Voluntary Centres. In addition a postal service operated from the Central Store for people in rural districts who required supplies urgently.

The Central Store continued to receive bulk supplies from the Ministry Depot and arranged deliveries to the Distribution Centres, as required, by the County Council's van, used solely for this purpose.

Issues of both infant and welfare foods are made from the distribution centres by Health Visitors in the smaller clinics ; by eight full-time centre clerks and sixteen part-time centre clerks in the larger clinics. Voluntary workers who are responsible for welfare foods only distribute from their homes in small villages and the service which they give to the County Council and public is greatly appreciated.

Ante-natal Clinics.

There was a very slight decrease in the number of mothers in attendance at the 37 ante-natal clinics in operation at the end of the year.

Year.	No. of Expectant Mothers attending.	Total No. of attendances.
1952	5,896	22,053
1953	6,041	22,125
1954	5,996	21,750
1955	5,699	21,311
1956	5,545	20,635

During the year clinics were opened at Bedlington Station, Willington Quay and South Gosforth. These were established simply to augment the services already available to mothers at Guide Post, Wallsend and Longbenton Estate, and to provide clinics more accessible to some of the expectant mothers living in these areas.

Although the numbers in attendance were slightly decreased, it is noteworthy that approximately 71% of expectant mothers in the county attended at the clinics. Of the total number of sessions in operation, medical attendance was provided by rotas of general practitioners at 84%, by full-time maternity and child welfare medical officers at 11% and by part-time medical officers at 5%. A large number of the mothers in attendance were booked for confinement in hospital. These mothers attend on three or four occasions at the hospital ante-natal clinic, but their routine

care is undertaken at the County Council's clinics. Here they establish contact with the district midwives, an important point in view of the fact that most of them will be discharged from hospital on the fifth or sixth day of the puerperium and have their post-natal care completed by the domiciliary midwifery staff.

During the year, in order to implement one of the recommendations contained in the memorandum on peri-natal mortality, arrangements were made for two routine haemoglobin investigations during each pregnancy to be carried out by consultant pathologists. It was considered that this arrangement would ensure that a uniform standard of assessment was achieved, and it was only made possible by the courtesy and co-operation of the Senior Administrative Medical Officer of the Newcastle Regional Hospital Board and the pathologists at Newcastle, North Shields, Ashington and Hexham.

The popularity of the ante-natal relaxation classes was continued, but, unfortunately, it was not possible to maintain all that had been in operation during 1955 owing to the difficulty of securing the services of physiotherapists willing to undertake this work.

Post-natal Examinations.

Post-natal examinations are mainly carried out at the ante-natal clinics. The numbers in attendance showed a slight decrease. They cannot, of course, be large, as usually only one attendance is required, and mothers confined in hospital—70% of the total—attend there for the final check-up. However, the fact cannot be ignored that many mothers fail to realise the importance of post-natal care. Every endeavour is made to ensure that it is carried out, but much additional education will be required before their full co-operation in this aspect of their care is secured.

Year.	No. of mothers attending.	Total No. of attendances.
1952	1,634	1,737
1953	1,616	1,813
1954	1,594	1,807
1955	1,723	1,973
1956	1,674	1,884

Consultant Clinics.

The numbers of pre-school children attending at the ophthalmic, orthopaedic and speech therapy clinics were again increased in 1956. It will be noted that very few pre-school children are

referred for child guidance treatment, largely owing to the fact that the only facilities available in 1956 were in Sunderland.

	YEAR.				
	1956	1955	1954	1953	1952
OPHTHALMIC—					
Number of pre-school children examined	1,053	934	935	716	659
Number of Spectacles prescribed ...	243	283	356	247	—
ORTHOPAEDIC—					
Number of New Cases who attended	658	551	422	460	345
Number of Old Cases who attended	815	768	1,160	778	1,075
SPEECH THERAPY—					
Number who received treatment ...	63	28	18	26	37
CHILD GUIDANCE—					
Number of children referred ...	2	5	3	6	4

Immunisation of Pre-School Children.

It is satisfactory to be able to record that the number of pre-school children receiving protection against diphtheria again showed an increase in 1956, after having declined slightly in 1955. The popularity of the combined method of immunisation against diphtheria and whooping cough is demonstrated by the figures.

Year.	Received Protection.	Diphtheria.	Diphtheria and Pertussis combined.	Pertussis only.
1952	6,543	4,943	1,600	289
1953	7,032	6,198	834	903
1954	6,396	5,384	1,012	1,441
1955	5,624	2,310	3,314	844
1956	6,059	837	5,222	255

The response by the mothers of pre-school children to the offer of vaccination against poliomyelitis for certain age groups was reasonably good and is dealt with elsewhere in the report.

Ultra Violet Light Clinics.

The numbers in attendance at these clinics declined slightly during the year. The larger clinics are attended by physiotherapists and it was not possible to staff all of them for the

whole of the period. Health visitors carry out the treatment at the smaller centres. All of the clinics are closed during the summer months.

Clinic.	No. of Sessions.	NEW CASES.			OLD CASES.			Consultations with Doctor.
		Under 5 years.	5—15 years.	Over 15 years.	Under 5 years.	5—15 years.	Over 15 years.	
Alnwick ...	61	11	22	—	56	319	12	—
Ashington ...	62	6	9	—	121	91	—	3
Bedlington ...	59	24	3	5	293	127	—	24
Blyth ...	68	3	7	1	160	56	—	—
Forest Hall...	96	8	33	24	193	741	447	—
Gosforth ...	63	23	8	2	553	59	78	—
Seaton								
Delaval ...	58	31	7	—	518	120	—	—
Shiremoor ...	56	11	2	—	315	84	—	—
Whitley Bay	69	55	14	—	1,367	198	13	53
Wallsend ...	66	36	56	—	425	740	7	37
Totals ...	658	208	161	32	4,001	2,535	557	117

Year.	New Cases Attendances.			Old Cases Attendances.			Consultations with Medical Officer.
	Under 5 years.	5—15 years.	Over 15 years.	Under 5 years.	5—15 years.	Over 15 years.	
1952	417	131	33	6,039	1,924	449	61
1953	378	188	46	5,498	2,677	505	117
1954	220	177	34	4,915	2,651	734	56
1955	273	192	20	4,714	2,871	636	101
1956	208	161	32	4,001	2,535	557	117

Bowmer Bank Ante-Natal and Post-Natal Hostel.

During 1956 the hostel was not utilised to its full extent by unmarried mothers, but again the opportunity was taken to admit a number of mothers from “problem families” with their babies.

Records relating to the babies were as follows:—

Adopted	18
Taken home with mother	17
Fostered	2
Taken by mother to place of employment	1
Taken home from hospital and not brought back	1
Stillborn	1
Left the hostel before delivery	2

Thirty-four mothers were admitted during the year.

Day Nurseries.

The day nurseries at Alnwick and Wallsend remained in operation during the year. There were 7,608 attendances at Alnwick, compared with 6,998 in 1955. A total of 2,896 attended the day nursery at Wallsend.

Nurseries and Child-Minders Regulation Act, 1948.

Under the provisions of the above Act, registration may be of premises in which case the institution is referred to as a day nursery. Where, however, children are received for care into the home of the person undergoing registration, that person is registered as a daily minder.

	Year.	
	1956	1955
Nurseries:—		
Registered at end of year	6	3
Children provided for	89	60
Daily Minders:—		
Registered at end of year	8	9
Children provided for	96	99

DENTAL SERVICE.

As in previous years the dental care of expectant and nursing mothers and pre-school children was undertaken by the School Dental Staff who gave the equivalent of 3.45 full-time officers to this important work.

The general pattern of treatment provided was similar to that of previous years and the total volume of work remains remarkably constant.

On closer examination, however, it will be seen that there was an increase in the numbers of mothers attending for treatment during the year but on the other hand a slight falling off in numbers of pre-school children treated will be noted.

With regard to the actual treatment provided, this will be seen from the Table on page 106 to be very similar to that of the previous year. There is, however, quite an increase in the number of dentures provided, this increasing from 843 in 1955 to 968 in the year under review.

As an experiment, evening sessions held once per week instead of the usual session held during the day have been in operation for the treatment of mothers in five areas during the year. These have been quite successful, many of the patients preferring this as the husband is able to look after the children whilst mother attends at the clinic for treatment.

PUBLIC HEALTH NURSING SERVICE.

Following the retirement of Miss B. Mallaburn, the non-medical Supervisor of Midwives in December, 1955, changes were made in the administrative staff. The Superintendent Health Visitor was promoted to Principal Nursing Officer to co-ordinate the Health Visiting, Midwifery and Home Nursing Services.

Midwifery and Home Nursing Service.

As in previous years there was considerable fluctuation of staff but by excellent co-operation, it was possible to maintain an efficient service. Nineteen permanent and eight temporary appointments were made and there were 18 resignations and one retirement.

Miss Lapes, Assistant Principal Nursing Officer, resigned to take up a senior hospital post.

At the end of the year the staff establishment was :—

- Deputy Principal Nursing Officer.
- Assistant Principal Nursing Officer.
- 19 District Midwives.
- 89 Nurse Midwives.
- 14 General Nurses S.R.N.
- 4 Full-time State Enrolled Assistant Nurses.

and the vacancies were :—

- Assistant Principal Nursing Officer.
- 4 District Midwives.
- 2 District Nurse Midwives.

The total number of home confinements attended was 2,273, the lowest figure for three years, but it will be noted that this was offset by a further increase in the number of hospital maternity cases attended by the midwives. These totalled 3,226, an increase of 283 over the previous year. The importance of the attendance of the midwives on these cases should not be underestimated. Many of these mothers and babies are sent home very early and often require special care and frequent visiting. The changing pattern of midwifery with its continuing trend towards admission to hospital may mean fewer actual deliveries by the domiciliary midwife but more time and opportunity for ante-natal care is thus afforded.

Although 2,243 mothers were provided with maternity medical services, doctors were present at delivery in less than 25 per cent. of cases. A total of 55,488 visits was paid to all maternity cases and the combined total of ante-natal and post-natal visits was 19,805. 2,467 ante-natal clinic sessions and 695 child welfare sessions were attended by the midwives.

Trilene or Gas and Air Analgesia was administered in the majority of cases, in addition to other recognised forms of sedation for relief during labour. The success of the Tecota Mark 6 Trilene Machine is shown by the further increase in the number of mothers who received it.

The Home Nursing statistics show a general reduction in the number of cases and visits except in the "over 65" group. Here there was a further increase in cases, although the number of visits paid was the same as in the previous year. The time and skill of the home nurse is being increasingly devoted to this important age group as it becomes more evident that the best environment for the aged sick is their own homes if facilities are adequate, and that hospital accommodation should be reserved only for those who cannot reasonably be nursed at home.

With the decline in the incidence of tuberculosis, fewer cases were attended and these were mainly for the administration of streptomycin.

No special arrangements were necessary to deal with children sick at home and the staff were able to treat the 597 cases without affecting their other work.

An analysis of the nurses' monthly returns of work shows that a great number of visits were necessary as a result of accidents and other conditions affecting bones and joints. The diversity of diagnoses requiring nursing are shown as follows:—

	Total new cases requiring nursing in the year.					
Pneumonia	287
Influenza	189
Other respiratory conditions	789
Malignant disease	426
Cerebral haemorrhage	504
Heart and other circulatory diseases	966
Genito-urinary diseases	385
Digestive system diseases	622
Bones, Joints and Injuries	2,402
Skin diseases	353
Senility	751

The giving of injections again took up a great part of the nurses working day, especially in the rural areas. Of the total of 3,259 injections, 2,063 were of penicillin and 185 of insulin.

Fourteen pupil midwives were seconded during the year from Dilston Hall Maternity Hospital for the final three months of training at Ashington and Wallsend. Ten qualified as midwives and several remained on the county staff for temporary periods to obtain further experience in domiciliary midwifery.

Twenty midwives attended refresher courses arranged by the Royal College of Midwives at King's College, Newcastle upon Tyne, and all expressed great appreciation of the high standard of lectures and discussions.

A one-day course of lectures on "Childbirth Without Fear" given by Dr. Grantly Dick Read was held in County Hall in February, under the aegis of the National Council for Health Education and a number of the midwives were able to attend.

Several members of the staff participated in giving student nurses from Hexham General Hospital practical instruction in the domiciliary nursing service, by taking them on observation visits to their patient's homes.

A staff conference held in November, was mainly devoted to an explanation of and discussion on, the memorandum of the Central Health Services Council Standing Maternity and Midwifery Advisory Committee on Ante-Natal Care Relating to Toxaemia.

For some time it has been difficult to recruit staff willing to reside in Nurses Homes and this difficulty became particularly acute in Wallsend—the Nurses Home there being occupied by only one resident nurse. The remaining staff lived out. As the resident nurse was able to make other suitable arrangements for her accommodation it was decided to close the home in August and the premises were transferred to the Mental Health Section. Due to the excellent co-operation of all concerned, including the nursing staff and doctors in Wallsend, the change over was effected smoothly and without any disruption of the Home Nursing Service. The closure of other residential homes in the county is under consideration. It has been noted that this situation is arising in other parts of the country and may be partly due to the fact that more married women are being employed.

A new flat was provided by Glendale Rural District Council for the nurse at Wooler and Newcastle upon Tyne Housing Authority allocated a council flat in the Longbenton new housing estate for occupation by two midwives pending the provision of accommodation by the County Council. The rapid increase of population in the estate and the difficulty of obtaining private accommodation in the area makes this provision necessary for the recruitment of staff.

The ready response to the request to Longbenton Urban District Council to provide a council house for a nurse/midwife appointed to the Dudley area, was very much appreciated.

A new home in the Council estate in Amble was also completed and furnished, providing a high standard of accommodation for the nurse in this area.

The districts of Bebside, Lynemouth and Shilbottle were provided with cars for the first time and there were 60 midwives using County-owned cars and 16 using their own.

The figures given in Table 16 show the amount of work carried out by the staff.

Health Visiting Service.

A new appointment of Assistant to the Deputy Principal Nursing Officer was made, and the senior health visitor from Wallsend was appointed to this post.

The establishment of 90 health visitors remained as before. Eight health visitors were appointed to the staff during the year, including one Senior Health Visitor appointed to Wallsend and six newly qualified under the Council's Grant Aided Scheme. Four health visitors resigned, one for domestic reasons and three to take up appointments with other authorities.

At the end of the year, the staff consisted of:—

Deputy Principal Nursing Officer.
Assistant Principal Nursing Officer.
84 Health Visitors.
2 School Nurses.
1 Full-time Clinic Assistant.

During the year, visits were paid by the health visitors as follows:—

Infant Welfare :

First Visits (under 1 year)	7,610
Re-visits (under 1 year)	31,732
Visits to Children (1—2 years)	23,560
Visits to Children (2—5 years)	48,037

Ante-Natal :

First Visits to Home	1,709
Re-Visits to Home	1,324
Infant Death Enquiries	173
Still-Birth Enquiries	113
Aged Persons	7,496
Care and After-Care	793
Prevention of Break-up of Families	1,602
Mental Health	527
Unclassified Visits	3,505
Tuberculosis Households	7,294
Total number of families visited	40,362
Number of Consultations at Headquarters	11,687

Visits paid by health visitors in capacity of School Nurse:

Visits to Schools	5,482
Follow-up Visits to Homes	9,721

The health visitor's role of adviser to the whole family was reflected in these statistics of home visits, which gave evidence of her work with all age groups. The slightly decreased number

of home visits to pre-school children was offset by a greatly increased number of consultations at her headquarters — more mothers tended to come to her for advice and in rural areas to telephone her at home. Telephone facilities are indeed essential for the proper conduct of the work in scattered rural districts lacking an established Centre where the health visitor can be consulted and both the families and other social workers benefit from this provision.

More work was undertaken in the prevention of break-up of families and a great deal of time was given to families needing help to maintain a reasonable standard of living. There was a marked reduction in the number of new families referred to Co-ordinating Committees during the year and improvement was recorded in many cases.

Families continued to seek advice on all kinds of social and domestic problems and the health visitors spent a good deal of time in giving help and support to mothers showing signs of anxiety and mental stress.

The commencement of the poliomyelitis vaccination scheme in the county involved a good deal of work in preparation, education of parents and intensive visiting was carried out to inform parents of the facilities available.

Several health visitors took part in the practical instruction of student health visitors from Newcastle Training School and student nurses from Hexham General Hospital. Lectures were given to both groups by members of the administrative staff. As in previous years, health visitors were much in demand to give talks to various groups and organisations and talks were given both by the administrative staff and field workers.

Liaison with the hospital services has been improved and by arrangement with Professor Court, health visitors send a report of home circumstances in respect of all premature infants born in the Princess Mary Maternity Hospital, to ensure that such infants are not discharged home to an environment detrimental to their survival. Contact with health visitors by hospital almoners was frequently made, either direct or through the Health Department.

The Children's Department of the Newcastle General Hospital and the Hospital for Sick Children both send information to this Department when children are discharged. It is thus possible for the health visitor to be kept fully informed and for the information to be properly recorded. This has proved to be of great advantage and it is hoped that other hospitals will be able to adopt this system in the near future.

Co-operation with general practitioners is improving.

Work in connection with the care of the aged occupied no small amount of the health visitors' time and they worked in close co-operation with voluntary associations and youth clubs in an endeavour to provide as full a service as possible to those in need. New "Over 60" Clubs were started at the instigation of the health visitors in two areas and local interest stimulated to form visiting committees and provide outings and parties for the lonely.

The health visitors' work in the School Health Service became increasingly social and educational and it was possible to relieve them of a great deal of routine work by the employment of part-time assistants on a sessional basis. This enabled the health visitor to devote more time to the essential work of liaison between schools and homes and helped to establish a better understanding of children suffering from emotional difficulties.

Health visitors continued to take part in the health education of school children. Arrangements were made for the film "The Story of Menstruation" to be shown in 15 schools in the county and health visitors attended to give preparatory talks and to answer questions.

In four schools, courses on mothercraft were given to senior schoolgirls in preparation for the examination of the National Association of Maternity and Child Welfare. Sixty-one girls gained the certificate of merit awarded by the Association. Shorter courses of lessons have been given in several other schools. This educational work will, no doubt, play an important part in raising the standard of home making in the next generation of mothers and will help in the maintenance of more stable family life.

Health visitors played their part in the prevention of tuberculosis by the supervision of and advice to contacts of existing cases, the ascertainment of new sources of infection and by the education of parents on the importance of B.C.G. vaccination. They continued to act as liaison officers between homes and chest clinics. Several health visitors attended talks on new methods of treatment given by the Medical Superintendent of Wooley Sanatorium and arrangements were made for information about patients who were discharged from the sanatorium to be sent to this Department so that health visitors could be kept informed of their progress.

Educational work in the child welfare centres was progressive and increasing attention was given to the health education of expectant mothers. Full use was made of facilities afforded in the county by the provision of films and visual aids and excellent demonstration material was prepared by the health visitors themselves.

Two new Mothers' Clubs were started in Bedlington Station and Willington Quay and Mothers' Clubs are now functioning in 16 centres. Club meetings afforded an opportunity for group discussion, under the guidance of the health visitors, on various subjects relating to family and community life as well as the advantages of listening to specialist speakers. The social aspect also proved beneficial to many mothers who had tended to become too housebound and fathers who had previously been unwilling to mind the children to allow the mothers a night out alone, co-operated in enabling them to attend club meetings.

"Keeping up to date" is essential, and in-service training of the staff continued. Fourteen health visitors and one school nurse attended Refresher Courses arranged by the Royal College of Nursing, the Women Public Health Officers' Association and the Central Council for Health Education. Reports were given at group meetings at which representatives from different areas in the county attended and notes of the lectures and discussions were compiled for circulation to other members of the staff to ensure that the knowledge gained was disseminated. Educational films on Deafness in Childhood, and a film and lecture on natural childbirth were shown in County Hall. Several members of the staff attended. The circulating library was well used and several new books were purchased. In addition, professional journals and magazines were circulated.

Four quarterly staff conferences were held during the year. One took the form of an observation visit to Gallowhill Special School, where a talk was given by the headmaster. Miss Robinson, Chief Nursing Officer of the London County Council, attended another conference to talk on the Working Party Report on Field Work, Training and Recruitment of Health Visitors. A talk on poliomyelitis vaccination and educational films on Child Behaviour were also given.

We were honoured by a visit from the Minister of Health, and eight health visitors were invited to meet him to discuss their work.

Two administrative students from the Royal College of Nursing visited the county for two weeks, to observe the county services and arrangements were made for two student health visitors from the London County Council to gain experience of county work in Northumberland.

PREVENTION OF BREAK-UP OF FAMILIES.

In this report last year I referred to the work of the co-ordinating committees which have been working in the county since 1950, and I feel that special reference should be made to them again. The success that has been achieved in preventing the break-up of families has been due to the devoted work of individuals, whether children's visitors, health visitors, probation officers, school welfare officers or others, but the work has gained in effect by the co-ordination that has been achieved by these committees under the able guidance of the Area Medical Officers. The health visitor is regarded as having a special place in this field. Every effort is made by the committees to prevent overlapping of visits though in many cases more than one worker must visit a family. There seems little doubt that something of value is being achieved by this scheme as it develops.

A central register is maintained of those families which are regarded by the area co-ordinating committees as "problem families." At the end of the year there were 233 families on this central register, 28 names having been added during the year and 42 names removed. Of the 42 removals, 31 families were removed because the co-ordinating committees considered that they were sufficiently improved to warrant this, while ten families left the county and one family broke up.

The special work of the Family Care Sub-Committee within this field was continued and the following table shows the work undertaken during the year:—

1. Number of families helped	...	...	...	...	16
2. Number of new families taken into care	...	...	...	...	7
3. Number of families discontinued	...	...	...	...	2
4. Total number of children in families in (1)	...	...	...	...	100
5. Number of children taken into care by Children's Department out of (4)	...	...	...	...	8
N.B.—These children came from two families. In both instances the care was of a temporary nature, the need arising from the illness of the mother and there being no friends or relatives who could accept the care of the children during the mother's illness.					
6. Highest and lowest numbers of families in care at any one time	...	...	...	...	15
					8

The employment of a second case worker made it possible to open seven new cases and to extend the work into the Cramlington area. At December 1956, there were fourteen families in care, two cases having been closed during the year.

In helping these families 1,979 contacts were made — 1,361 with the families themselves, mostly in their own homes, and 618 on their behalf.

In the case of the two families where care was discontinued the worker had been visiting each family for two years and three months. The general standard and family management of one

family improved considerably, and the worker felt that they would be capable of maintaining the standard they had achieved without further intensive supervision. Occasional follow-up visits were made for some nine months after the case was officially closed and it was found that the family were continuing to do well. The second family were closed at a less satisfactory level. Although there had been a slight improvement, it was felt that the family could not be expected to achieve a higher standard because of the mother's low mentality and the difficult marital situation. Follow-up visits have shown that the family have maintained as high a standard as they are capable of.

At December 1956, the fourteen active cases had been in care for periods ranging from two months to three years.

Although there may have been little sustained improvement in the conditions of the families, i.e. no sustained improvement in the care of the home and the children, much of the value of the work with these families has lain in the fact that it has been possible in some cases to bring them to a better realisation of their own capacities, and it is possible that this may in time achieve an alleviation of the material conditions. It can be said that for the most part, the help and support which the worker has been able to give has prevented the regression of the families.

Problems may be divided into two categories, the external factors which, to a large degree are outside the families control, e.g. overcrowded housing conditions, low earning power of the father, low mentality of the parents, and the less tangible though not less valid problems arising from the emotional disturbances and difficult personal relationships within the families. Both sets of factors interact on the families to produce the widely recognised symptoms of a 'problem' family. The external factors may occasionally be more easily dealt with by the worker through liaison with other agencies, the internal ones can only be approached through the relationship between the client and the worker, and are much more difficult to solve, if indeed open to solution. Much of the worker's time is spent in discussing these more unapparent difficulties with the parents during home interviews, since it is clear that only by helping the individuals to adjust such problems can any effective rehabilitation be achieved.

During the year, the families have been helped with a wide variety of problems. Foremost amongst these has been the problem of debt arising from the failure of the husband to provide an adequate income. There are many factors involved in producing this problem; the low income may be the result of the father's irresponsibility, or of his ill-health, or low mentality. The families' tendency to accumulate debt may be forced upon them by fluctuation of weekly income. This problem is not one which can simply be dealt with by prescribed budgeting. Where debts had accumulated, the worker had endeavoured to find out the

reasons for this, and in consultation with the family, to conceive some plan by which the debts could be repaid without the family having to go short of essentials. To achieve this it has often been necessary for the worker to intercede with the creditors, to avoid the eviction of a family or the committal of the father to prison. Even when all their resources have been mustered, there have been occasions when it has not been possible for the family to meet debts accumulated in times of hardship. Where this has been so and it has been felt that the family would have a genuine chance of improving their standards if the worry of such a debt could be removed, the worker has made approach to voluntary organisations for financial help. In one case help was given to clear rent arrears to prevent eviction of a family. This family have since shown a consistent improvement in family relationships and material conditions.

The question of health plays an important part. As already indicated, the illness of the father can precipitate considerable problems for the family. In the same way, the illness of the mother plays an important part in the degree of care which can be given to the children and the home. During the year, five mothers were confined, four of these were admitted to hospital, and in two cases arrangements had to be made for the children to enter the care of the Children's Department, since there were no relatives or friends who could care for them during the mother's absence from home. Where possible, mothers have been encouraged to seek medical help where this has been necessary. This has usually meant that the worker has either had to accompany mother to surgery or clinic, or care for the children whilst the mother has kept the appointment.

In at least three cases, the problem of bad housing has played an important part in denying a fair chance of rehabilitation to these families. Representation to the appropriate Housing Authority for the re-housing of these families has been made by the worker.

On the whole, the care of the children in these families is adequate, and there has been consistent effort to see that parents have kept clinic appointments and consulted doctors where need has arisen. Where necessary, requests have been made to the Education Authority for vacancies in residential schools for educationally sub-normal children, and during the year two children were admitted and have benefited greatly from their admission to such a school.

In all problems affecting the families, close liaison has been maintained with the other social agencies in the district who are interested in the families, or from whom advice or help on a specific problem might be sought.

Following a request from Manchester University, a student was accepted for two months' training during the summer.

Both workers attended the yearly conference of the Family Service Units.

VACCINATION AND IMMUNISATION.

DIPHTHERIA AND WHOOPING COUGH.

The immunisation of babies and the reinforcement of this at school age has again been an important item at all Child Welfare Centres and in doctors' surgeries. Mention is made elsewhere in this report of the numbers of pre-school children who were immunised for the first time and the succeeding tables show the totals for all ages.

3,819 babies under one year old and another 2,984 children between 1 and 14 years completed a full course of primary immunisation against diphtheria. These figures compare well with last year's totals as shown in the table below :—

Sub-Committee Area.	Number of children who completed a full course of primary immunisation against diphtheria.				Number of children who received a secondary reinforcing injection (i.e. subsequently to primary immunisation at an earlier age).		
	Age at Date of Final Injection.				Age at Date of Final Injection.		
	Under 1 year	1—4 years.	5—14 years.	Total.	0—4 years.	5—14 years.	Total.
North No. 1 ...	208	76	11	295	107	113	220
North No. 2 ...	345	120	11	476	228	114	342
Central ...	850	119	159	1,128	540	1,571	2,111
East ...	175	621	252	1,048	125	1,592	1,717
South ...	915	261	52	1,228	648	989	1,637
South-East ...	510	673	69	1,252	155	800	955
West ...	362	179	12	553	112	124	236
Wallsend ...	454	191	178	823	1	518	519
Totals ...	3,819	2,240	744	6,803	1,916	5,821	7,737
1955 Totals for comparison	3,641	1,983	681	6,305	1,827	5,151	6,978

In the case of whooping cough vaccination, the use of a vaccine giving immunisation to both diphtheria and whooping cough has become very fashionable and the table overleaf shows that a total of 5,618 children were vaccinated against whooping cough compared with 4,325 last year and 2,522 in 1954 :—

WHOOPIING COUGH IMMUNISATION.

SUB-COMMITTEE AREA.	Combined with Diphtheria Prophylactic.				Pertussis only.				TOTAL.			
	Age at date of final injection.				Age at date of final injection.				Age at date of final injection.			
	Under 1 year.	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.
North No. 1	166	50	3	219	1	2	4	7	167	52	7	226
North No. 2	264	78	10	352	1	8	2	11	265	86	12	363
Central ...	830	105	1	936	1	10	1	12	831	115	2	948
East ...	161	568	6	735	1	48	1	50	162	616	7	785
South ...	872	209	9	1,090	8	97	8	113	880	306	17	1,203
South-East	449	482	58	989	18	39	28	85	467	521	86	1,074
West ...	302	92	6	400	5	16	1	22	307	108	7	422
Wallsend ...	434	160	3	597	—	—	—	—	434	160	3	597
Total ...	3,478	1,744	96	5,318	35	220	45	300	3,513	1,964	141	5,618
1955 Totals for comparison	2,474	840	41	3,355	216	628	126	970	2,690	1,468	167	4,325

SMALLPOX.

No case of smallpox occurred in the county during the year and there were no contacts of cases at risk.

The table shows that 2,278 pre-school children were vaccinated against smallpox. This is over 300 more than last year's figure which was the highest number since records were kept.

SUB-COMMITTEE AREA.	Age at date of Vaccination.											
	Number vaccinated during period.						Number re-vaccinated during period.					
	Under 1 year	1 year	2—4 years	5—14 years	15 years or over	Total	Under 1 year	1 year	2—4 years	5—14 years	15 years or over	Total
North No. 1	183	7	14	9	6	219	1	2	3	23	40	69
North No. 2	289	7	19	16	8	339	1	1	3	11	68	84
Central ...	161	10	15	17	21	224	—	—	2	10	59	71
East ...	52	72	21	10	50	205	—	—	4	6	43	53
South ...	459	15	16	11	30	531	1	1	9	19	102	132
South-East	160	222	26	8	43	459	2	5	2	15	106	130
West ...	183	9	7	10	7	216	—	—	4	8	63	75
Wallsend ...	301	24	6	2	15	348	—	—	1	10	33	44
Total ...	1,788	366	124	83	180	2,541	5	9	28	102	514	658
Year 1955 Totals for comparison	1,592	272	88	88	155	2,195	5	10	17	70	411	513

VACCINATION AGAINST POLIOMYELITIS.

In January, the Minister of Health informed local health authorities that it would be possible to make available to them during the months of May and June limited quantities of a British vaccine so that they may provide vaccination against poliomyelitis as part of their arrangements under Section 26 of the National Health Service Act.

The Minister proposed that vaccination should be offered on a voluntary basis to children born between 1947 and 1954 inclusive, this scheme being designed to secure a fair distribution among those age groups in which the disease is most prevalent and to obtain information which would help in devising the best possible method of distribution when substantial quantities of vaccine might be available at a later date.

Immediate arrangements were made in my Department to inform the parents of all children within the age group of the facilities available, and I am indebted to the Director of Education and the head teachers of all county and private schools for their co-operation in the distribution and collection of consent forms.

The number of children in Northumberland eligible for vaccination was estimated at 58,050. Consents were received from the parents of 28,393 ; this being a consent rate of 49%—one of the highest in England.

Special vaccination sessions were held in clinics throughout the county, the whole of the professional work being carried out by my Assistant County Medical Officers and Area Executive Medical Officers, with the assistance in some areas of part-time medical officers at child welfare centres. By the end of June, 2,672 children had been vaccinated and a further 136 children had received first injections. In December, a further small quantity of vaccine was made available so that vaccination of children in the latter group could be completed. The final statistics at the end of the year were :—

Vaccinated	...	...	...	...	2,753
First injection only	...	...	...	...	71

AMBULANCE SERVICE.

There was no major change in policy during the year. The ambulance station started at Broomhill during 1955 was not completed at the end of 1956 and no further progress was made with building at other places due to limitation of expenditure by the Government.

The Council approved plans to build a new depot at Blyth and extensions at Wideopen and Throckley as well as the need eventually to build a new garage for the Prudhoe ambulance.

The use of diesel-engined ambulances was continued and a number of large vehicles with B.M.C. oil engines was ordered. A light Bedford ambulance for sitting cases and an occasional stretcher patient was given a trial in an effort to reduce running costs.

The radio control of the service described in previous reports continued to give satisfactory results and in order to save ambulance drivers' time a number of control assistants for radio and telephone were appointed at the end of April and the number of drivers correspondingly reduced.

The population again increased by nearly 7,000 but the service was maintained without any increase in the 51 vehicles. There was a slight fall in the number of patients carried for the first time, 185,714 instead of 190,624. The number of journeys and total mileage also showed slight increases. On investigation of these changes, it was found that there had been a 9% rise in the number of stretcher cases carried. Most of the increase was in discharges from the Newcastle hospitals, although there was a slight increase in the number of emergency calls. The graph on the next page shows the trend of the service over the past years.

The National Safe Driving Competition was again entered by the 81 drivers and 68 awards were made. There was a total of 86 accidents to vehicles, an average of 17,000 miles per accident.

A revised scheme for dealing with major emergencies was prepared in conjunction with the Chief Constable and sufficient equipment was purchased and stored at all depots for special use.

The British Red Cross Society and Order of St. John gave a very satisfactory service of ambulances and cars in the north and west of the county as well as helping with escorts for long distance journeys.

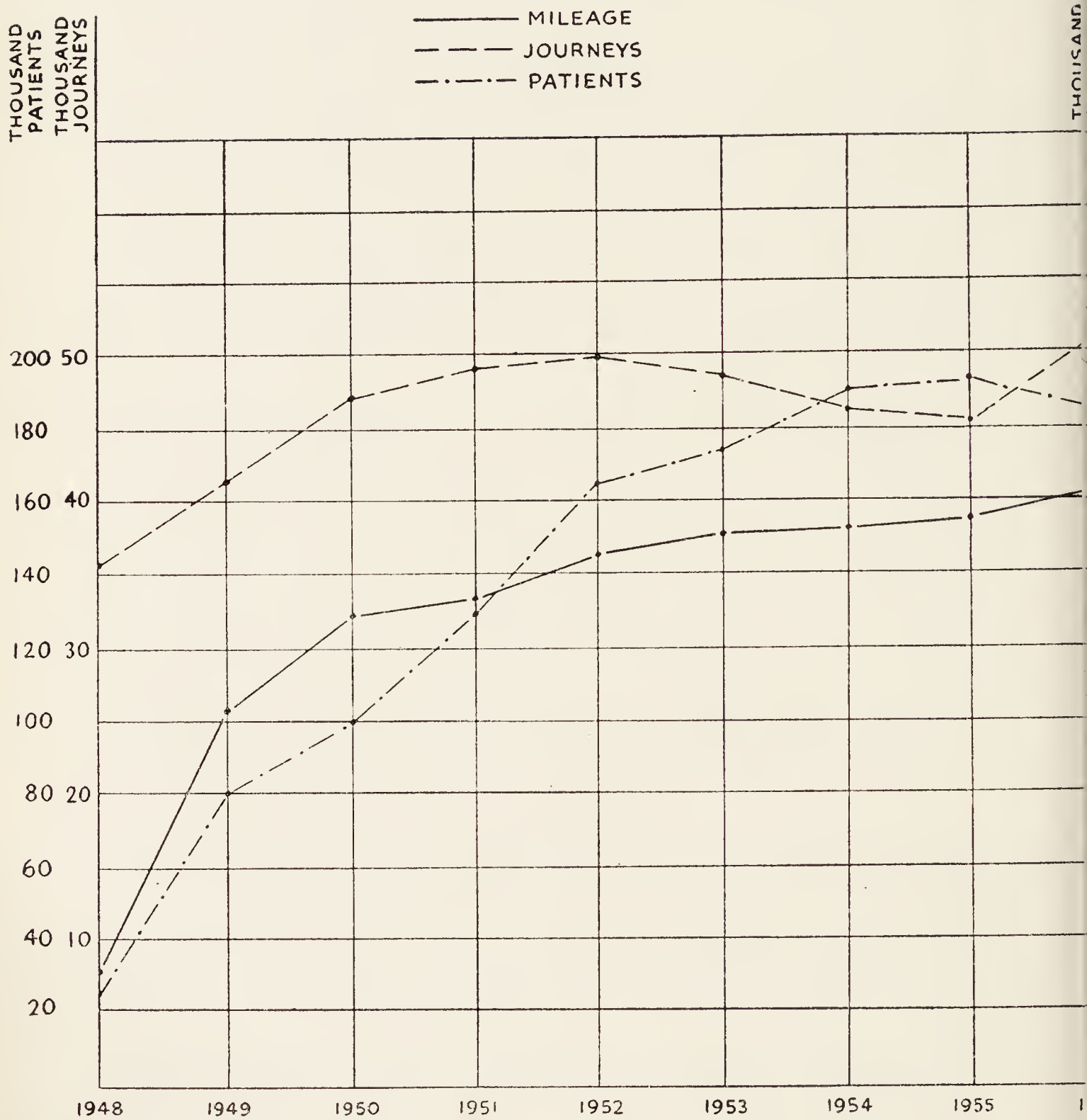
It was possible to transfer a number of old vehicles to Civil Defence to allow more volunteers to be trained as drivers and as ambulance attendants.

As the year ended, petrol and diesel oil rationing was introduced again as a national emergency. Apart from the inevitable increase in clerical work, the ambulance service received its full need of fuel and no curtailment of the service was necessary.

The usual statistics will be found in Tables 17 and 18.

TOTAL AMBULANCE SERVICE

1948 - 1956



HOME HELP SERVICE.

A total of 3,086 families was given help in the home during the year compared with 3,056 last year. This small increase of 1% was the least change recorded since the service began and would seem to suggest that all who need the home help service are receiving it. The work was carried out by 759 home helps of whom only 18 were working full time, which is 44 hours each week. The remainder were willing to assist at as many households as required by the Area Executive Medical Officer and this mobility was an important factor in the success of the service in this county.

An analysis of the different types of case requiring help was made with the following interesting figures :—

	Full Time.	Part Time.	Total.
Old age and chronic illness ...	1	2,212	2,213
Acute illness	28	487	515
Confinement	148	67	215
Blindness	—	82	82
Tuberculosis	—	50	50
Problem cases including care of children in absence of mother	3	8	11
	<u>180</u>	<u>2,906</u>	<u>3,086</u>

The number of home helps employed compared with last year was :—

	Full Time.	Part Time.	Total.
31st December, 1956	18	741	759
31st December, 1955	22	723	745

Recruitment of residential home helps has been the greatest problem in a busy year and, especially in the rural districts, it has been very difficult to meet the calls on the service from women having their baby at home and needing whole-time help.

The policy of using a greater number of part-time helpers so that more patients could have their work done in the mornings rather than at a time to suit the service has produced greater efficiency.

The use of neighbours, for short-term and even for chronic cases needing only a few hours help each week for many years, has been of great assistance in outlying places poorly provided with public transport. The home help is allowed to break up her allotted hours to cover the important parts of the day—early morning cleaning, lunch preparation and often a late night visit to ensure that all is well. This “neighbourly action” service is a feature of the County Scheme and has eliminated much travelling time and fatigue.

Annual meetings of home helps in each Area and refresher classes in some, have enabled the staff to meet their Area Medical Officer and each other. Education as regards invalid cooking and prevention of fire and accidents in the home have been brought to the notice of the staff whenever possible.

The two home help organisers have continued to pay visits while home helps were at work and have acted as a link between the staff and the patient.

Table 19 gives details of the work carried out in the district of each Area Executive Medical Officer who has been responsible for the heavy day by day organisation of the service.

REGISTRATION OF NURSING HOMES.

The 1936 Public Health Act required all maternity and nursing homes to be registered and to be regularly inspected.

There are two private maternity homes in Gosforth with a total of 22 beds and two nursing homes in Whitley Bay with room for 29 patients.

Each home was inspected by my staff and found to be satisfactory.

REGISTRATION OF HOMES FOR OLD AND DISABLED PERSONS.

The County Welfare Committee is responsible for registration of these homes in accordance with the requirements of the National Assistance Act.

A detailed preliminary inspection has been carried out, by the County Welfare Officer and the Deputy County Medical Officer with technical assistance from the Fire Prevention Officer, in all new applications for registration.

There are a large number of these homes in the County now and regular visits of inspection are made. They serve a most useful purpose in giving relief to the old persons' homes directly provided by the Council. Private homes are to be found in Forest Hall, Gosforth, Hexham and Whitley Bay.

MENTAL HEALTH SERVICES.

ADMINISTRATION.

The Mental Health Sub-Committee of the Health Committee consisting of sixteen councillors and seven co-opted members administered this service by holding meetings each quarter.

There was no change in the staff of authorised officers and a satisfactory service was maintained.

The staff at the four Occupation Centres consisted of four supervisors (two male and two female), together with six female assistants, one of whom had obtained the diploma of the National Association for Mental Health.

It was necessary to appoint a male instructor in connection with the establishment of an industrial class at one of the centres.

CO-ORDINATION WITH HOSPITAL AUTHORITIES.

There has been active co-operation during the year with the Regional Hospital Board, Northgate and District Hospital, Morpeth, and Prudhoe and Monkton Hospital about accommodation for mental defectives. It was found advantageous in many instances for patients to be examined at clinics or at hospital with a view to their names being added to the waiting lists. Occasionally, domiciliary visits were made by the medical superintendents of those hospitals.

DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.

The local health authority have not delegated to voluntary associations any of their duties under the Lunacy, Mental Treatment, or Mental Deficiency Acts, but contact has been maintained with the National Association for Mental Health, and a grant was made to the Association.

TRAINING OF OCCUPATION CENTRE STAFF.

The Supervisor, and one of the unqualified assistants from Wallsend, attended a residential refresher course in London, organised by the National Association for Mental Health, for teachers of handicapped persons. One of the assistants from Ashington commenced a course at Manchester for the diploma given by the same Association.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) *Prevention of Illness, Care and After-Care.*

On behalf of the County Welfare Committee, the Authorised Officers visited a large number of old and handicapped persons who were in need of admission into accommodation provided under Part III of the National Assistance Act, 1948, and details of this work is shown in tables at the back of the report.

During the year there has been the usual close liaison between the Authorised Officers and the general practitioners throughout the county, and this has been a contributory factor in the prevention of mental illness. Although there continues to be much difficulty in obtaining hospital accommodation for mentally defective persons, the position regarding the mentally ill is now more favourable than in former years.

(b) *Under the Lunacy and Mental Treatment Acts.*

Table 20 on page 111 gives a summary of the work performed by the authorised officers during the year. It will be observed that there were 448 cases referred to them. In addition, 138 cases were notified but it was ascertained that no action was considered necessary under the appropriate Acts in respect of 121 persons. Of the remaining 17 who were senile, application was made for their admission into a County residential establishment under Part III of the National Assistance Act.

The table also shows 570 voluntary patients dealt with under the Mental Treatment Acts in county hospitals. Included in this number are 53 males and 79 females who were originally dealt with under a 3 Day Order and subsequently found to be suitable for admission as voluntary patients.

(c) *Mental Deficiency Acts, 1913-1938.*

On page 114 it will be observed that the majority of mental defectives ascertained during the year were those notified by the Director of Education under Section 57 (3) and (5) of the Education Act, 1944. Cases were also reported from numerous other sources.

Visits were made during the year to all mental defectives under either statutory or friendly supervision. The interval between the visits depended mainly upon the home environment, etc.

The difficulty in obtaining hospital accommodation for mental defectives continues year by year, and it was only possible to admit under the provisions of the Mental Deficiency Acts, 1913-1938, a total of 31 patients, compared with 25 for the previous year. As a result over 100 patients were still awaiting admission to hospital.

Arrangements were, however, made for 28 children and 20 adults to be accommodated for temporary periods under circular 5/52, the majority being admitted into Northgate and District Hospital, Morpeth. These "short-term" admissions have been greatly appreciated by the relatives of the patients, particularly during periods whilst they themselves had to receive hospital treatment. More advantage is being taken each year of the provisions of this circular and there is no doubt that the facilities have proved of much value to all concerned.

(d) *Occupation Centres.*

At each of the four Occupation Centres in the County satisfactory progress was maintained and the attendance increased from 111 to 137 during the year.

The accommodation at the Wallsend Centre was increased by the acquisition of a County building formerly used as a Nurses Home, next door to the Centre. This enabled the adult females to be moved and a second nursery class was started at the Centre.

By securing possession of a portion of a Day Nursery situated in a nearby street, it was possible to establish a small industrial class in conjunction with the Centre, for adult males, many of whom had attained the age of sixteen years whilst attending the Occupation Centre. It is anticipated that this Industrial Class will prove of much value in the future and it is hoped that it may eventually be possible to obtain additional accommodation in the same building, when more adult males can be received.

The attendance at each of the centres was well maintained during the year and there appeared to be no doubt that all the pupils, both children and adults, enjoyed attending.

They were all provided with a substantial mid-day meal through the School Meals Service, and the children were supplied with milk during the morning session.

Periodical medical examinations were carried out during the year with the object of maintaining good health of all the pupils.

During the course of the year each of the four Centres held an 'Open Day' when entertainments were given by the pupils, and articles made by them were sold. These 'Open Days' were very well attended, both by parents and friends of the pupils and other interested people.

The pupils attending the Wallsend and Berwick Centres had their Annual Day's Outing at the seaside, and those from other Centres attended a pantomime in Newcastle. These entertainments were thoroughly enjoyed.

The local members of the National Association for Parents of Handicapped Children showed increased interest in the work of the Centres and donations were made towards the purchase of equipment. Other sums of money were subscribed by local Social Clubs for the provision of gifts for the children at the Christmas parties held at some of the Centres.

HOUSING.

NEW HOUSES.

The rate of building in the county continues at a high level. During 1956, 3,720 new houses were completed, an increase of 124 over the 1955 figure. There was, in fact, an improvement in the numbers built of both local authority and private dwellings, but this was offset to some extent by a slowing up of the Newcastle Corporation's development within the Longbenton area of the county, some 400 fewer houses having been completed on this estate than in either of the two preceding years. Full details appear in Table 24.

SLUM CLEARANCE.

Owing to the length of time which normally elapses between the initiation of clearance procedure and final demolition, it is a little early to expect any spectacular increase in houses discontinued as dwellings as a result of slum clearance activity on the part of the district councils under the 1954 Housing Act. There has, however, been a slight increase in the number of houses put out of use during the year, viz. : 709, as compared with 507 in 1955. As was shown in last year's report, some 4,500 houses in the county are expected to be demolished during the first five years of operation of the Act, and it will be interesting to see how realistic this estimate will prove to have been.

IMPROVEMENT GRANTS.

There has, on this occasion, been a reduction in the number of improvement grants made under the Housing Act, 1949, only 680 as compared with 774 in 1955. An analysis of the figures (given in detail in Table 26) shows that this decrease was entirely due to less activity on the part of the rural districts, since the boroughs and urban districts showed an increase over previous years. This is not an unwelcome sign : there is scope for considerably more work in this direction in the urban areas, whereas the rural districts in this county, as indeed over the whole country, have an excellent record of reconditioning work of this kind since the Act came into operation.

WATER SUPPLIES.

The bacteriological examination of water is undertaken free of charge by the Public Health Laboratory at the General Hospital, Newcastle upon Tyne. Copies of the reports on water samples submitted by authorities in the administrative county are received in the department and any unsatisfactory results are investigated.

In those parts of the county depending on the Newcastle and Gateshead Water Company and the Tynemouth Corporation Water Department, a good supply was maintained at all times. In some of the other areas conditions were less satisfactory, although shortages were not so marked as during the dry summer of 1955.

Of the total of 726 samples examined from both public and private sources in the county, 473 were highly satisfactory, 93 satisfactory, 37 suspicious and 123 unsatisfactory, figures comparable with those for the previous year, in spite of the effect of a wet season following a prolonged dry spell. Most of the unsatisfactory samples were from individual private sources under investigation or from supplies before chlorination.

With the virtual completion of their extensions of mains into the Bellingham and Castle Ward Rural Districts, the Newcastle and Gateshead Water Company are now responsible for the supply of water to some 30% of the county area containing over 40% of the population. Discussions were in progress at the end of the year with a view to a supply being afforded by the same undertaking to those areas along the valley of the South Tyne where many insufficient and unsatisfactory sources still exist. There is every reason to hope that these negotiations will be successful, although a difference of opinion was found to exist as to whether the supply should be by bulk purchase by the local authorities concerned or by further extensions of the Water Company's statutory area. Fifty-two samples were taken from the Company's mains at various points within the county and of these, 50 were highly satisfactory, 1 satisfactory and 1 unsatisfactory. The unsatisfactory sample was found to be due to contamination at the consumer's tap and no action was therefore necessary.

One hundred and twenty-four samples of water supplied by the Tynemouth Corporation were examined in various districts: 98 of these were highly satisfactory, 18 satisfactory, 5 suspicious and 3 unsatisfactory. The samples failing to reach the required standard were all from the same neighbourhood in the area of one local authority who purchase water in bulk from the Corporation. The authority concerned have since carried out certain remedial work on their mains to prevent a recurrence of the trouble.

Further progress was made during the year with the preliminary steps towards the formation of the joint water supply undertaking which is intended to provide additional supplies within the county from the River Coquet.

WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following schemes were submitted during the year for the consideration of the County Water Supplies and Sewerage Committee under Section 2 of the above Act :—

		£
Alnwick Rural District ...	Temporary augmentation of water supplies to southern part of district.	3,000
Bellingham Rural District	Sewerage and sewage disposal scheme for Birtley village (amended scheme—original cost £9,878)	9,567
Castle Ward Rural District	Sewerage and sewage disposal scheme for Belsay village	4,600
Hexham Rural District ...	Sewerage and sewage disposal scheme for Haydon Bridge	44,834
	Water supply scheme for Allendale Old Town (amended scheme—original cost £16,341)	11,405
Norham and Islandshires Rural District	Sewerage and sewage disposal scheme for Cornhill village (amended scheme—original cost £18,000)	15,810

MINISTRY INQUIRIES AND INVESTIGATIONS.

Local inquiries and investigations were held by Ministry of Housing and Local Government Inspectors as follows :—

PROPOSED SCHEMES.

(a) An investigation at Hexham on 12th June into the Hexham Rural District Council's application to borrow £24,428 for works of water supply to Gunnerton, Barrasford, Humshaugh and district.

(b) An investigation at Berwick on the 28th June into the Norham and Islandshires Rural District Council's application to borrow £17,500 for works of sewerage and sewage disposal for Cornhill village.

(c) An investigation at Hexham on the 15th October into the Hexham Rural District Council's scheme of sewerage and sewage disposal for Haydon Bridge (£42,700).

(d) A public inquiry at Hexham on the 31st October into the Hexham Urban District Council's application for an Order under Sections 23 and 26 (2) of the Water Act, 1945, to abstract water from the Rowley Burn and to borrow £3,450 for the purpose.

(e) A public inquiry at Holy Island on the 1st November into the Norham and Islandshires Rural District Council's application to borrow £21,000 for works of sewerage for the Island.

My department was represented on these occasions, evidence being given, where appropriate, in support of the schemes, but in the case of the Hexham Urban District Council's application formal objection was made by the County Council to the proposals on the grounds that a better supply could be made available from the undertaking of the Newcastle and Gateshead Water Company, if a joint scheme for the Tyne valley were agreed upon. The Ministry subsequently turned down the Urban District application in favour of the County Council's alternative suggestion.

WORK IN PROGRESS.

Investigations were also held by the Ministry into the following schemes either completed or in course of construction :—

(a) On the 16th May into works of sewerage and sewage disposal by the Morpeth Rural District Council for Longhirst village (completed).

(b) On the 12th July into works of sewerage and sewage disposal by the Bellingham Rural District Council for Bellingham town (in progress).

(c) On the 12th July into works of sewerage and sewage disposal by the Bellingham Rural District Council for Wark village (in progress).

The following are details of other work in progress in the county, not the subject of Ministry inquiries or investigations during the year, with some indication of the stage reached by 31st December :—

District.	Scheme.	Progress.
Ashington U.D.	Sewage disposal works, Bothal village	75% completed.
Prudhoe U.D. ...	Additions to sewage disposal works, Low Prudhoe	75% completed.
Alnwick R.D. ...	Sewage disposal scheme, Shilbottle village	60% completed.
Belford R.D. ...	Sewerage scheme, North Sunderland village	80% completed.
Bellingham R.D.	Comprehensive water supply scheme for district (by Newcastle and Gateshead Water Company)	Nearing completion.
Castle Ward R.D.	Sewerage scheme for Ponteland, Darras Hall and Woolsington	70% completed.
	Comprehensive water supply scheme for district (by Newcastle and Gateshead Water Company)	98% completed.
Glendale R.D. ...	Glendale regional water supply scheme	60% completed.
Hexham R.D. ...	Water supply scheme, Whittington	75% completed.

SCHEMES COMPLETED DURING YEAR.

The following schemes were completed by District Councils during 1956 :—

District.	Scheme.	Month completed.
Bedlingtonshire U.D.	Sewage pumping plant, Guide Post (first stage of comprehensive main sewerage scheme for district)	December.
Belford R.D. ...	Improvement to Bamburgh village water supply	March.
	Sewerage scheme with sea outfall, Beadnell	May.
	Augmentation of water supply, Belford village ...	December.
Haltwhistle R.D.	Water supply scheme, Halton-lea-Gate to Harpertown	October.
Hexham R.D. ...	Water supply scheme, Newbrough and Fourstones	July.
Norham and Islandshires R.D.	Water supply scheme, Fenwick and district	June.

MILK.

Examination of Milk for Tuberculosis.

Sampling of milk for biological testing was continued during the year by the various local authorities in the county. Only two positive results were recorded: in one case the infected cow was detected on examination and slaughtered under the Tuberculosis Order; in the other, a cow sold fat during the interval between sampling and report was presumed to have been the source of infection. This is the lowest annual number of positive samples ever recorded, and only 9 cases have been reported in the last three years. This reduction in the incidence of tuberculous milk appears to be fairly general throughout the country, and with the increasing attestation of dairy herds one may now look forward to a not far distant date when action under the Tuberculosis Order will be almost a thing of the past.

In no case was it found necessary for a District Medical Officer to serve notice under Section 20 of the Milk Regulations, 1949, to have the milk compulsorily pasteurised.

Hospital Dairy Farms.

As requested by the Ministry of Health, periodical sampling of milk produced on Hospital Dairy Farms was again carried out at the following premises:—

Prudhoe Hall, East Park Farm.

St. George's Hospital, East Cottingwood Farm, Morpeth.

Northgate and District Hospital, Kater Dene Farm, Morpeth.

(Discontinued May, 1956, herd sold).

St. Mary's Hospital Farm, Stannington.

Thirty-eight samples were taken by my department and submitted to the Public Health Laboratory for Methylene Blue test, one failure being recorded. Sixteen of the samples were also examined biologically for *B. Tuberculosis* and *Brucella Abortus*, with negative results.

Copies of all these reports were forwarded to the Ministry of Health.

Food and Drugs Act, 1955.

Milk (Special Designation) (Raw Milk) Regulations, 1949–1954.

The following figures obtained from the County Agricultural Executive Committee show that the numbers of attested dairy herds and tuberculin tested milk licences continued to increase:—

		31st Dec., 1956.	31st Dec., 1955.
Attested and Tuberculin Tested	...	548	475
Attested not Tuberculin Tested	...	351	358

Approximately 47% of the milk producers in the county now hold tuberculin tested licences, as compared with only 17% in 1950.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953.

PASTEURISED MILK.

The number of pasteurisers' licences in force in the county at the end of the year remained at six, and the total quantity of milk treated per day was approximately 23,500 gallons. Four of the firms were also licensed to bottle "Tuberculin Tested (Pasteurised)" milk.

The dairies concerned were regularly inspected by the County Health Inspector, and samples of treated milk were taken for Methylene Blue and Phosphatase tests. Washed bottles were also taken from time to time for bacteriological examination.

Number of inspections made	...	...	...	193
Number of samples taken at dairies	...	...	...	249

One Methylene Blue and three Phosphatase samples were reported as unsatisfactory, all from the same dairy and within a short period. A full investigation was made in which assistance was given by the manufacturers of the plant concerned. As a result, certain work was carried out on the plant, since when there has been no recurrence of the trouble.

The pasteurising plants, which are all on the H.T.S.T. system, were maintained in satisfactory condition, such minor defects as were brought to the notice of the dairy managers being quickly dealt with.

During the early summer, complaints were received from another area regarding the keeping quality of milk originating from one of the dairies, though no difficulty was reported from within the county. On receipt of the information, the technical staff of the firm concerned took prompt action, which had the desired result.

STERILISED MILK.

Two plants were licensed for milk sterilisation and there appeared to be a steady demand for the product, particularly in the industrial part of the county. Fifty-nine visits of inspection were made to the plants and 54 samples taken at the dairies satisfied the Turbidity Test. The introduction of a more stringent test for sterilised milk, if an acceptable one can be devised, would be of assistance in the control of processing.

SPECIFIED AREA.

There was no addition during the year to the "specified area" within the county where the sale of undesignated raw milk is no longer permitted. At present this includes only about 3% of the county in area, but contains almost one-half of the total population. The Ministry are known to have been making an exploratory survey with a view to a further extension, and this will be most desirable.

Milk in Schools Scheme.

Set out below are details of the supply of milk under the above scheme to county-maintained schools as at 31st December, 1956:—

Grade of Milk.	No. of Schools.	Percentage of Schools.	Percentage of Pupils.
Pasteurised... ..	308	84.8	96.8
Tuberculin Tested	28	7.7	2.0
Ungraded	18	5.0	1.0
No fresh milk	9	2.5	0.2

All new sources of supply were subject to prior approval by the department and regular samples from all sources were taken for examination, particular attention being paid to those schools receiving raw milk, in which cases routine biological testing was also carried out.

The policy of competitive tendering for school milk resulted in some changes in suppliers during the year, involving some extra work, but on this occasion in approved cases dealers were offered three-year contracts, a step which has made easier the task of supervision. It is pleasing to be able to report that there has been a further increase in the proportion of pasteurised milk, and that 98.1% of all milk supplied was in one-third pint bottles with drinking straws. This represents about a quarter of a million bottles delivered each week to the schools in this county, and the fact that so few complaints required investigation by the department during the year shows that, generally speaking, a good standard has been maintained by the dairy firms concerned.

There remain a number of isolated schools in the country districts where pasteurised milk was not readily obtainable, and where the Authority had to fall back on the best alternative available, either Tuberculin Tested or an approved undesignated supply. In some of these cases milk had to be accepted in bulk. The continuance of many of these supplies is precarious, being dependent largely upon the goodwill of neighbouring milk producers, for whom there is little, if any, financial benefit from the service so provided. Nine schools in remote areas were unable to obtain fresh milk at all, a reduction of one on last year's figure. Five of these made use of reconstituted dried milk (full cream) and four were supplied with flavoured milk tablets. There seemed little prospect of making any better arrangement in these cases.

In September, 1956, the Education Authority assumed responsibility for the supply of milk to the non-maintained schools in the county, and this added a further 29 establishments to the 363 above. The arrangements for supervision of supplies, sampling, etc., were extended to cover these. Twenty-six were receiving pasteurised milk and the remaining three had a Tuberculin Tested supply, although two of the latter could obtain their milk only in bulk.

A spot check made during October revealed that 82.9% of school children were making use of the service under the scheme.

ICE CREAM.

Ice Cream (Heat Treatment, etc.) Regulations, 1947-1952.

The cold, wet summer of 1956 may explain the fact that the number of ice cream samples submitted for bacteriological examination fell off somewhat, while the results obtained showed a considerable improvement. 265 samples were dealt with at the laboratory, a decrease of 83 from the 1955 figure, and 81.1% were classified in Grade I, with 90.2% in Grades I and II combined. The Public Health Laboratory Service suggest that, taken over a period, a reasonable standard should be 50% Grade I and 80% Grades I and II combined. Only 4.5% were reported as Grade IV.

Since the Methylene Blue test was first officially adopted eight years ago, there has been a steady improvement in the quality of samples examined. Twelve districts in the county failed to submit any samples during the year.

Full details will be found in Table 23.

FOOD AND DRUGS ACT, 1955.

REPORT BY MR. C. L. ARLIDGE.

During the year ended 31st December, 1956, the County Sampling Officers procured a total of 2,801 samples under the provisions of the Food and Drugs Act and the Preservative Regulations.

The samples may be summarised as follows :—

Sample	Total number analysed.	Samples adulterated or otherwise adversely reported upon.
Bacon	5	—
Baking Powder	3	—
Beer... ..	7	—
B.P. Official Preparations and Household Medicaments	83	2
Bread	6	3
Butter and Margarine	39	—
Cake and Pudding Mixtures	24	1
Cereals	25	1
Cheese and Cheese Spreads	33	—
Christmas Puddings	3	—
Coffee and Coffee and Chicory Essence	18	—
Condensed Milk	4	—
Condiments, Sauces, Flavourings, Pickles, etc.	51	—
Custard Powder	5	—
Dried Fruit	18	—
Fish and Fish Cakes	33	1
Fish Products	10	—
Flour	25	—
Flour Confectionery	25	—
Ice Cream	47	1
Jams, Marmalades, etc.	51	—
Lard, Cooking Fat, etc.	28	—
Marzipan	8	—
Meat Products (Open and Tinned)	91	1
Milk	1,545	20
Mincemeat	8	—
Pastes (Meat and Fish)	25	—
Sausages and Sausagemeat (Pork, Beef, Cumberland, Smoked)	94	23
Soft Drinks	52	—
Soups and Broth	15	—
Spirits (Gin, Whisky, Brandy, Rum)	37	—
Sugar and Icing Sugar	7	—
Sugar Confectionery	101	2
Table Jellies	6	—
Tea	18	—
Tinned Fruit	12	—
Tinned Vegetables	17	—
Vinegar	53	1
Miscellaneous (Unclassified samples)	169	4
Total	2,801	60

It will be seen that the unsatisfactory samples are mainly confined to milk and sausages. Although proceedings were taken in three cases in respect of samples of milk found to contain added water, no proceedings were instituted in the cases of samples of sausages reported to be deficient in the meat content. In the absence of a standard for sausages and in view of the negative nature of the decisions of the appeal cases heard by the High Court, it was decided not to institute proceedings, pending the Minister's decision on the Report of the Food Standards Committee. Whilst the Committee agreed that pork and beef sausages should respectively contain 65% and 50% of meat, they were divided in their opinion as to whether the meat in pork sausages should consist entirely of pork.

All the firms, responsible for the manufacture of sausages which were found by the Public Analyst to contain less than the recommended percentages of meat, were requested to amend their recipes.

The undermentioned prosecutions were instituted during the year :—

No.	Trade.	Nature of Offence.	Result.
1	Dairyman ...	Exposing for sale, for human consumption, Milk, to which water had been added	Fined £3 3s. 0d. and £4 4s. 0d. Costs.
2	Dairy Farmers	Do.	Two defendants given Conditional Discharges but to pay £5 5s. 0d. Costs each.
3	Dairy Company	Having in their possession for sale for human consumption, Milk, to which water had been added	Fined £40 0s. 0d. and £1 1s. 0d. Costs.

WELFARE OF HANDICAPPED PERSONS.

Blind and Partially Sighted.

REGISTRATION.

The cases of pre-school children and children of school age are usually reported either by the health visitors or school medical officers, and in view of the Council's responsibilities under the scheme relating to training and employment, employable newly blind are usually referred to the department for advice and assistance.

Of the newly registered blind and partially sighted brought to the notice of the department during the year, about 30% were referred by ophthalmologists and medical practitioners, 13% by the Council's staff, 39% by the National Assistance Board, 13% by personal application or by relatives, and the remainder by hospital almoners, voluntary committee members, a minister of religion, the Ministry of Labour and National Service, and others.

Although there was a slight decrease in the number of registered blind over the year, the register of partially sighted showed an increase.

The age groups of persons registered on 31st December were :—

		BLIND.			PARTIALLY SIGHTED.		
		Males.	Females.	Total.	Males.	Females.	Total.
Under 5	...	3	4	7	4	1	5
5—15	...	7	3	10	16	7	23
16—20	...	5	6	11	2	2	4
21—49	...	59	45	104	17	11	28
50—64	...	76	62	138	12	16	28
65 plus	...	181	258	439	54	100	154
		<u>331</u>	<u>378</u>	<u>709</u>	<u>105</u>	<u>137</u>	<u>242</u>

Ophthalmologists examined 170 patients during the year. There were 84 new blind registrations (excluding two re-registrations and including 17 who had previously been registered as partially sighted), and it is encouraging to note that no child under the age of five was registered and only one child of school age—aged 5— was certified blind.

57 patients were newly registered as partially sighted, including a baby born with defective vision, a child of three and 8 children of school age.

No new cases of retrolental fibroplasia were reported. The newly registered partially sighted baby suffered from partial aniridia, her registered blind father suffering from a similar condition. Congenital cataract was the cause of blindness of the five year old boy.

Nystagmus was a contributory factor of the defective vision of six of the eight partially sighted children.

The main cause of blindness or defective vision of patients registered during the year was again cataract. Nine of the 40 patients suffering from this condition had not received treatment or recent specialist advice, but in the majority of cases this was due to the frail condition or age of the patients, though a patient aged 90 was operated on successfully. Thirteen of the 14 patients whose blindness or defective vision was due primarily to glaucoma had received specialist treatment or advice prior to certification.

The following table summarises the causes, recommendations and treatment :—

	Cataract.		Glaucoma		Others.	
	Blind	P.S.	Blind	P.S.	Blind	P.S.
Number of cases registered during year, (including 2 re-registrations)	21	19	7	7	58	31
Recommendations—						
(a) No treatment	7	2	2	1	37	8
(b) Treatment recommended—						
Surgical	12	11	—	—	3	2
Medical or hospital ...	2	1	5	5	18	10
Optical	—	5	—	1	—	11
Follow up—						
Undergone treatment—						
Surgical	3	2	—	—	—	—
Medical or hospital supervision	2	1	5	5	15	10
Optical	—	5	—	1	—	11
Considered by medical practitioner to be inadvisable on medical grounds or not carried out for health reasons ...	3	2	—	—	—	—
Willing to have operative treatment when eyes are ready or bed becomes available ...	4	6	—	—	3	2
Died or left County	—	—	—	—	1	—
Not agreeable for treatment or undecided	2	1	—	—	2	—

During the year nine persons were de-certified following operative treatment.

HOME TEACHERS.

The establishment of home teachers was increased to 7 during the year, but one was on sick leave for almost the whole year, and the aggregate number of visits paid was thus affected. 8,188 visits were made during the year compared with 9,159 in 1955. It is interesting to note that despite this decrease there was an increase in the number of visits paid for instructional purposes. 647 domiciliary lessons in Braille, Moon and embossed types were given, and in addition crafts were taught by the staff at six centres.

SOCIAL WELFARE.

Arrangements were made for three blind women to have a course of social rehabilitation at Oldbury Grange, Bridgnorth, which is administered by the Royal National Institute for the Blind. All benefited from the course. The Committee also paid for the maintenance of a blind youth in the occupational centre attached to Leatherhead School for the Blind which caters for blind persons who are not fit for ordinary training and employment.

Fifteen blind persons were sent to holiday homes for the blind.

255 registered blind persons had an additional handicap as is shown in the undermentioned table:—

Blind mentally disordered ...	...	...	...	...	7
„ mentally defective ...	...	...	...	...	18
„ physically defective	...	...	...	...	104
„ deaf without speech	...	...	...	...	6
„ deaf with speech ...	...	...	...	...	8
„ hard of hearing ...	...	...	...	...	85
„ mentally disordered and physically defective	...	...	...	...	1
„ mentally disordered and deaf	...	...	...	...	1
„ mentally disordered and hard of hearing	...	...	...	...	3
„ physically defective and deaf	...	...	...	...	1
„ physically defective and hard of hearing	...	...	...	...	21
					<hr/> 255 <hr/>

Nine of the thirteen voluntary committees co-operated with home teachers in conducting clubs for the blind. Each voluntary committee arranged outings and other functions for the blind in their respective areas, and also co-operated with the department in arranging joint outings. We were once again indebted to the Rt. Hon. Viscount Ridley and Lady Ridley, Sir Charles and Lady Trevelyan, and Captain and Mrs. A. M. Keith for placing their grounds at our disposal.

The Royal National Institute for the Blind allocated part of its collections to the Northumberland County Blind Persons Trust Fund which is administered by the department, and grants were made out of the fund to each voluntary committee. Many articles including an Arcaid conversation machine for a deaf-blind person were also provided out of the fund.

The department distributed radio sets on behalf of the British Wireless for the Blind Fund, and during the year blind persons were provided with 39 wireless sets or relay services, while 48 certificates of blindness to enable blind persons to obtain a free wireless licence were issued.

TRAINING, EMPLOYMENT AND INDUSTRIAL REHABILITATION.

Three consultative panels comprising officers of the Ministry of Labour and National Service, the Royal National Institute for the Blind, the North Regional Association for the Blind and the department were held in 1956.

The Royal National Institute for the Blind continued to provide a placement service on behalf of the Council for blind and certain classes of partially sighted persons.

Only 7 persons registered during the year were capable of and available for employment. Two women were in domestic employment at the time of certification and were able to carry on with the same work. Another partially sighted woman—who is unlikely to become blind—commenced training as a telephonist at St. Loyes Training Centre. One of the blind men, an ex-miner, started work as odd-job man at a colliery, with a prospect of obtaining a post as telephonist at a future date. One of the newly registered partially sighted men was able to continue working on a farm and another obtained work as a labourer.

In December the employment position of the registered blind was as follows :—

Employed in sheltered workshops	...	...	...	26
Employed as home workers	...	...	...	2
Employed in other capacities	...	...	...	24
Undergoing training (sheltered)	...	...	...	4
Undergoing training (open)	...	...	...	2
Suitable for training for sheltered employment	...	...	...	3
Suitable for employment without training	...	...	...	6
Trained but unemployed (sheltered)	...	...	...	1
Not available for employment—16—59 years	...	...	...	44
Not capable of employment—16—59 years	...	...	...	83
At school over 16	...	...	...	1
				<hr/> 196 <hr/>

21 partially sighted were employed, including one with Remploy Ltd.

NICHOLAS GARROW HOME.

During the year there were 8 permanent admissions, 16 temporary admissions and 25 re-admissions following holidays, or periods in hospital, 4 deaths and 41 discharges.

Difficulty was experienced in appointing an assistant matron, and during the greater part of the year the home was without one.

There are no official visiting hours and relatives and friends are encouraged to visit the residents as often as possible. The old people worry when they do not hear from members of their family regularly, and a visit or even a letter often drives away a fit of depression. A few of the residents have no relatives and few personal contacts and they especially appreciate visits by interested members of the public.

A revolving garden shelter kindly provided by members of a ladies' club at Longbenton has proved to be most useful.

Residents have been encouraged to take an interest in crafts and to do light duties, such as bed making.

BLIND IN HOSPITALS AND HOMES.

Home Teachers visited the blind in hospitals and homes. In December 17 blind persons were living permanently in other County Council establishments, 2 were in private homes and 30 were permanent hospital patients.

BLIND AND PARTIALLY SIGHTED CHILDREN.

Two mothers and their young blind children were admitted to the experimental unit of the Royal National Institute for the Blind for short periods during the year, and both women reported that they found the experience helpful. One child was admitted to a Sunshine Home and another to Condover Hall School for Blind Children with other defects.

Other details are given in Table 27.

Deaf and Hard of Hearing.

ADMINISTRATION OF SCHEME.

The Northumberland and Durham Mission to the Deaf and Dumb acted as the Council's agent in the south east area of the county and were available for specialist service over the whole county.

In the north and west home teachers visited the deaf and carried out welfare duties for them.

A new missionary was appointed by the Mission in April but resigned later. His successor commenced duty on 1st December.

REGISTRATION.

On 31st December the numbers of persons in the county area registered as deaf and hard of hearing were 243 and 39 respectively. The age groups were as follows:—

	Under 16	16—64	65 and over.	Total.
Deaf	71	152	20	243
Hard of Hearing ...	4	27	8	39

SOCIAL AND WELFARE.

More than twice the number of visits were paid by the Mission's officers in 1956 as compared with the preceding year.

Homes.	Hospitals.	Workplaces.	On behalf of deaf.	Total.
786	156	14	166	1,122

The club at Blyth which was open on Saturday and Sunday evenings continued to be well supported, and some of the deaf who live in areas adjacent to Newcastle attended the Newcastle club. Some of the deaf in the north attended the Christmas dinners arranged for blind and other handicapped persons by local voluntary committees.

EMPLOYMENT.

Four deaf children who left school during the year were all placed in employment, two boys in boot repairing, one boy in farming and a girl in a paper works.

Employment was also found for two men and five women, two of the women working part-time. 66 men and 26 women were in regular employment in December.

GRANTS TO VOLUNTARY ORGANISATIONS.

In addition to making a grant to the Mission, the Council approved grants to Ashington, Newcastle, North Shields, Wallsend and Whitley Bay Hard of Hearing Clubs, which were all attended by hard of hearing persons resident in the county area.

Grants were also made to the Society of St. Vincent de Paul, who conduct a club for Roman Catholic deaf, and the North Regional Association for the Deaf.

Other Handicapped Persons.

REGISTRATION AND VISITS.

Since the Department commenced to keep a register of generally handicapped early in 1953, the number has steadily increased. In December of that year there were 333 persons registered and by December, 1956, the number had increased to 491. They were

classified as follows in accordance with the letter code used by the Ministry of Labour and National Service in connection with the Disabled Persons (Employment) Act, 1944 :—

A/E	Amputation	...	...	...	...	...	25
F	Arthritis and Rheumatism	...	...	...	...	...	56
G	Congenital Deformities	...	...	...	...	...	37
H/L	Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin :—						
	Asthma	...	...	...	...	...	5
	Bronchitis and Bronchiectasis	...	...	...	...	...	5
	Valvular disease of the heart, angina pectoris, cardiac degeneration, myocarditis, rheumatic heart, mitral stenosis...	...	...	...	...	...	35
	Gastric and duodenal ulcers	...	...	...	...	...	4
	Miscellaneous	...	...	...	...	...	4
							<hr/> 53
Q/T	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper or lower limbs and of the spine :—						
	Paralysis due to injury or disease; paraplegia	...	...	...	...	...	45
	Osteomyelitis	...	...	...	...	...	4
	Muscular atrophy, dystrophy	...	...	...	...	...	6
	Miscellaneous injuries	...	...	...	...	...	36
							<hr/> 91
V	Organic nervous diseases :—						
	Disseminated sclerosis	...	...	...	...	...	38
	Epilepsy	...	...	...	...	...	44
	Lateral sclerosis	...	...	...	...	...	1
	Parkinsons disease	...	...	...	...	...	9
	Poliomyelitis	...	...	...	...	...	36
	Cerebral palsy	...	...	...	...	...	44
	Cerebral thrombosis, hemiplegia	...	...	...	...	...	11
	Encephalitis lethargica	...	...	...	...	...	5
	Miscellaneous	...	...	...	...	...	12
							<hr/> 200
U/W	Neurosis, psychosis and other nervous and mental disorders (not included in V)						21
Y	Tuberculosis (non-respiratory)	...	...	...	...	...	5
Z	Miscellaneous	...	...	...	...	...	3
							<hr/> 491

During the year there were 82 new registrations, 16 deaths, and 13 other removals from the register.

A welfare visitor continued to visit the generally handicapped in the south east area of the county, and she advised and assisted them in many ways. Similar welfare duties were undertaken by duly authorised officers in the north and west of the county.

An aggregate of 1,650 visits were paid in 1956.

OCCUPATIONAL THERAPY.

During the year the two occupational therapists employed by the Health Department paid an aggregate of 1,222 visits to 118 generally handicapped persons. The majority of the patients were keen to learn, and in addition to diversional interest there was evidence of therapeutic value.

An exhibition and sale of articles made by blind persons—who were instructed by home teachers—and generally handicapped persons, held in the County Hall, was very successful and produced a number of orders.

SOCIAL WELFARE.

With the co-operation of the family doctors, arrangements were made for handicapped persons to be seen at hospital in connection with application for different types of invalid chairs and motor and electrically propelled vehicles.

The Council accepted financial responsibility for structural alterations recommended by the Appliance Section of the Ministry of Health in connection with the garaging of vehicles ; while local housing authorities also helped in some instances in arranging for the alterations and meeting the cost.

The West Northumberland Voluntary Committee established at Hexham, and the Bedlingtonshire Voluntary Committee continued to meet, and the clubs they conducted were successful and very well attended.

Both committees were grateful to the Rotary Clubs for conveying their members to and from the clubs without charge, and also to other voluntary organisations such as St. John's Ambulance Brigade who gave valuable assistance.

The West Northumberland Voluntary Committee arranged for several of its members to have a week's holiday at Gorleston-on-Sea Holiday Camp.

The department arranged a holiday for 13 young handicapped persons at a holiday home at Westgate-in-Weardale belonging to the Durham Association of Mixed Clubs. The Secretary of the Association and the warden and his wife were extremely helpful in looking after the party. A real camp spirit prevailed and the more capable members made the beds and helped with washing up. Local people helped in arranging entertainment and outings. In addition to enjoying a happy and beneficial holiday, the young handicapped people formed friendships and now correspond with each other regularly. The Junior British Red Cross Society County Branch invited several handicapped children to a new holiday camp opened at Rothbury during the summer.

Towards the end of the year Berwick Voluntary Committee for the Blind agreed to disband and the members re-formed themselves into the Berwick-on-Tweed Voluntary Committee for Handicapped Persons, with a view to catering for all classes of handicapped persons including the blind.

TRAINING AND EMPLOYMENT.

Three young women commenced employment—one as a kennel maid, one as a packer and one in a shirt factory, Six men commenced working in various capacities—clerical, night watchman, porter and labourers. Three men were placed in sheltered employment with Remploy Ltd., who also operated a Home Workers Scheme, and three persons were employed in this way. Three men underwent courses of industrial rehabilitation and three commenced training at Finchale Abbey Training Centre.

EPILEPTICS AND SPASTICS.

Eleven epileptics and 14 spastics were included in the additional handicapped adults referred and registered during the year.

On 31st December 44 adult epileptics were registered, and in addition there were 39 children including 8 attending special schools, 16 at ordinary schools, two awaiting admission to special schools, one in hospital and 12 who were ineducable. There was little demand for additional accommodation in epileptic colonies, although arrangements were made during the year for admission of two women, and in December the Council were maintaining one man and five women in colonies. Epileptics are particularly difficult to place in employment and in December only three of the registered were working.

In addition to 44 adult spastics registered on 31st December, there were 47 children, of whom 7 were attending special schools, 24 ordinary schools, 3 receiving home tuition, while 13 were ineducable.

Some of the adolescent spastics living in districts adjacent to Newcastle attended a club conducted in connection with the Percy Hedley School, Forest Hall, transport being arranged for them by voluntary helpers. Spastics were also members of clubs organised by the voluntary committees for handicapped persons.

Six spastics were included in the party of young people who went to Westgate-in-Weardale, and one youth attended the Gorleston-on-Sea Holiday Camp. The Council also contributed towards the expenses of a young spastic woman employed as a home worker by Remploy Ltd. for a holiday with other home workers in the country at Clacton-on-Sea.

TABLES
of
STATISTICS
1956

TABLE 1.

ADMINISTRATIVE COUNTY OF NORTHUMBERLAND.

POPULATION—YEAR 1956.

BOROUGHs :—

Berwick-upon-Tweed	...	...	...	...	...	...	12,670
Blyth	...	...	...	...	...	...	34,470
Morpeth	...	...	...	...	...	...	10,800
Wallsend	...	...	...	...	...	...	49,560
Whitley Bay	...	...	...	...	...	...	32,380
							<hr/> 139,880

URBAN DISTRICTS :—

Alnwick	...	...	...	...	...	...	7 310
Amble	...	...	...	...	...	...	4,810
Ashington	...	...	...	...	...	...	28,360
Bedlingtonshire	...	...	...	...	...	...	29,130
Gosforth	...	...	...	...	...	...	24,810
Hexham	...	...	...	...	...	...	9,400
Longbenton	...	...	...	...	...	...	41,550
Newbiggin-by-the-Sea	...	...	...	...	...	...	10,010
Newburn	...	...	...	...	...	...	25,020
Prudhoe	...	...	...	...	...	...	9,950
Seaton Valley	...	...	...	...	...	...	26,270
							<hr/> 216,620

RURAL DISTRICTS :—

Alnwick	...	...	...	...	...	...	12,510
Belford	...	...	...	...	...	...	5,030
Bellingham	...	...	...	...	...	...	5,770
Castle Ward	...	...	...	...	...	...	17,470
Glendale	...	...	...	...	...	...	7,520
Haltwhistle	...	...	...	...	...	...	7,350
Hexham	...	...	...	...	...	...	19,970
Morpeth	...	...	...	...	...	...	17,860
Norham and Islandshires	...	...	...	...	...	...	4,260
Rothbury	...	...	...	...	...	...	5,560
							<hr/> 103,300

Totals ...

459,800

TABLE 2.
POPULATION—DISTRIBUTION FOR PURPOSES OF
AREA ADMINISTRATION.

AREA.				POPULATION.
North No. 1	...	...		29,480
North No. 2	...	...		30,190
Central	...	...	...	67,030
East...	...	...	...	63,600
South	...	...	...	79,945
South East...	...	...	...	100,200
West	...	...	...	39,795
Wallsend	...	...	...	49,560
TOTAL				459,800

TABLE 3.
VITAL AND MORTALITY STATISTICS.

YEAR.	Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births.	Principal Infectious Diseases death rate per 1,000 living.	Death rate from Respiratory Tuberculosis per 1,000 living.
1897	31.57	16.73	150.66	1.69	1.50
1898	30.88	17.44	169.80	1.99	1.32
1899	31.46	17.71	173.88	2.29	1.27
1900	31.24	17.53	160.31	1.73	1.38
1901	33.22	18.72	183.57	2.80	1.25
1902	32.76	16.63	126.90	1.40	1.25
1903	32.58	16.81	145.43	1.58	1.19
1904	29.42	17.12	168.69	1.99	1.17
1905	30.41	15.01	133.57	1.26	1.02
1906	29.09	14.52	136.28	1.51	1.04
1907	28.25	13.51	112.93	1.03	1.00
1908	29.46	14.82	146.41	1.28	0.95
1909	28.43	13.39	106.99	1.03	1.01
1910	26.91	12.99	114.73	1.01	0.93
1911	27.48	13.96	136.79	1.94	0.98
1912	27.05	12.98	93.80	1.02	0.86
1913	26.43	13.61	111.39	1.28	0.91
1914	26.61	13.31	113.78	1.33	0.91
1915	24.42	15.82	122.00	2.04	1.03
1916	21.91	13.75	101.00	0.84	1.10
1917	20.39	13.60	101.00	0.97	1.06
1918	21.54	17.26	101.00	1.07	1.22
1919	22.14	14.11	102.00	0.92	0.97
1920	28.30	12.89	90.00	0.76	0.92
1921	25.50	12.42	95.00	1.01	0.87
1922	22.54	12.72	87.00	0.41	0.88
1923	22.56	11.33	76.00	0.74	0.85
1924	22.18	12.06	83.00	0.40	0.82
1925	20.88	11.63	82.00	0.67	0.78
1926	20.02	11.37	77.00	0.53	0.73
1927	17.90	11.53	77.00	0.27	0.81
1928	18.37	11.39	67.00	0.28	0.68
1929	16.79	12.22	81.00	0.65	0.74
1930	17.13	11.02	62.00	0.23	0.78
1931	16.66	12.24	77.00	0.41	0.75
1932	15.94	11.33	67.00	0.25	0.68
1933	15.42	11.93	71.00	0.31	0.65
1934	15.48	11.78	69.00	0.43	0.60
1935	15.60	11.67	71.00	0.32	0.53
1936	15.26	12.02	70.00	0.30	0.55
1937	15.16	12.67	66.00	0.26	0.54
1938	15.00	11.76	64.00	0.31	0.40
1939	14.80	11.84	55.50	0.20	0.52
1940	15.00	12.44	59.00	0.17	0.55
1941	15.07	12.84	74.00	0.25	0.51
1942	16.39	11.59	54.00	0.20	0.39
1943	17.61	12.50	56.00	0.18	0.51
1944	19.87	12.16	48.00	0.21	0.50
1945	17.58	12.24	50.00	0.17	0.47
1946	19.74	11.98	48.00	0.13	0.49
1947	20.66	12.14	43.00	0.13	0.44
1948	18.04	11.13	40.00	0.09	0.43
1949	17.52	11.92	36.00	0.08	0.37
1950	16.69	12.24	36.60	0.08	0.28
1951	16.46	12.58	32.49	0.07	0.24
1952	16.08	11.25	29.37	0.08	0.17
1953	16.90	11.78	28.46	0.08	0.16
1954	16.26	12.23	27.03	0.06	0.15
1955	16.34	12.06	26.75	0.05	0.15
1956	16.51	11.87	25.80	0.03	0.11

TABLE 4.

GENERAL STATISTICS.

	NUMBERS.			RATES.		
	Boro's and Urban Districts.	Rural Districts.	Total for County.	Boro's and Urban Districts.	Rural Districts.	Total for County.
Population ...	356,500	103,300	459,800			
Births (Live) ...	6,076	1,517	7,593	17.04	14.68	16.51
Legitimate ...	5,888	1,462	7,350	16.51	14.15	15.98
Illegitimate ...	188	55	243	0.53	0.53	0.53
				(Per 1,000 population)		
Births (Still) ...	134	27	161	21.58	17.49	20.76
Legitimate ...	129	26	155	21.44	17.47	20.65
Illegitimate ...	5	1	6	25.91	17.86	24.09
				(Per 1,000 registered births)		
Births (Live and Still)	6,210	1,544	7,754	17.42	14.94	16.86
Legitimate ...	6,017	1,488	7,505	16.88	14.40	16.32
Illegitimate ...	193	56	249	0.54	0.54	0.54
				(Per 1,000 population)		
Deaths (Total) ...	4,105	1,354	5,459	11.52	13.11	11.87
				(Per 1,000 population)		
Deaths of Infants under 1 year of age	160	36	196	26.33	23.73	25.80
Legitimate ...	151	35	186	25.65	23.94	25.30
Illegitimate ...	9	1	10	47.87	18.18	41.15
				(Per 1,000 live births)		
Deaths of Infants under 4 weeks of age	120	29	149	19.75	19.12	19.62
Legitimate ...	112	28	140	19.02	19.15	19.05
Illegitimate ...	8	1	9	42.55	18.18	37.03
				(Per 1,000 live births)		
Maternal Deaths ...	4	1	5	0.64	0.65	0.65
				(Per 1,000 births—live and still)		

Births. Deaths.

Comparability Factors ... 1.00 1.09

Rates per 1,000 population after
adjustment ... 16.51 12.93

TABLE 5.

BIRTHS (LIVE AND STILL).

COUNTY DISTRICTS.	LIVE.					STILL.					Total Births— Live and Still.
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Boroughs :—											
Berwick-upon- Tweed ...	138	126	4	4	272	3	—	—	—	3	275
Blyth ...	317	275	20	12	624	7	7	—	2	16	640
Morpeth ...	92	98	8	5	203	2	1	—	—	3	206
Wallsend...	526	467	22	13	1028	18	14	—	1	33	1061
Whitley Bay ...	207	196	7	6	416	6	6	—	—	12	428
Urban Districts :—											
Alnwick ...	80	52	4	1	137	1	2	—	—	3	140
Amble ...	48	32	—	1	81	1	1	—	—	2	83
Ashington ...	244	214	7	6	471	4	5	—	—	9	480
Bedlingtonshire	235	188	7	13	443	7	5	—	—	12	455
Gosforth ...	228	181	3	4	416	1	1	1	1	4	420
Hexham ...	62	63	3	3	131	2	1	—	—	3	134
Longbenton ...	381	344	5	5	735	9	8	—	—	17	752
Newbiggin-by- the-Sea ...	90	81	4	4	179	1	—	—	—	1	180
Newburn...	197	223	4	4	428	3	3	—	—	6	434
Prudhoe ...	75	59	—	1	135	1	1	—	—	2	137
Seaton Valley ...	176	193	3	5	377	4	4	—	—	8	385
Rural Districts :—											
Alnwick ...	97	76	2	3	178	4	—	—	—	4	182
Belford ...	26	30	—	—	56	—	—	—	—	—	56
Bellingham ...	49	49	—	1	99	1	1	—	—	2	101
Castle Ward ...	140	119	5	1	265	5	1	—	—	6	271
Glendale ...	45	38	4	2	89	4	1	—	—	5	94
Haltwhistle ...	52	43	—	3	98	2	—	—	—	2	100
Hexham ...	169	133	11	3	316	3	—	—	—	3	319
Morpeth ...	132	135	7	8	282	3	1	—	1	5	287
Norham and Islandshires ...	22	21	1	2	46	—	—	—	—	—	46
Rothbury ...	42	44	2	—	88	—	—	—	—	—	88
TOTALS ...	3870	3480	133	110	7593	92	63	1	5	161	7754

TABLE 6.

NOTIFICATIONS OF INFECTIOUS DISEASES.

COUNTY DISTRICTS.		Paratyphoid Fever.	Scarlet Fever.	Whooping Cough.	Erysipelas.	Measles.	Pneumonia.	Puerperal Pyrexia.	Acute Polio-myelitis.		Acute Encephalitis.	Meningococcal Infection.	Food Poisoning.	Dysentery.	TOTALS.	
									Paralytic	Non-Paralytic						
BOROUGHES.																
Berwick-upon-Tweed...	...	—	—	1	—	1	3	—	—	—	—	—	—	—	—	5
Blyth ...	...	2	12	177	2	63	15	6	2	—	—	1	7	8	295
Morpeth ...	...	—	2	6	1	158	2	—	—	—	—	—	—	—	169
Wallsend ...	...	1	12	55	3	787	39	1	1	1	—	—	—	1	901
Whitley Bay ...	...	—	24	25	3	82	22	—	—	—	—	—	3	5	164
URBAN DISTRICTS.																
Alnwick ...	...	—	—	2	—	2	—	—	1	1	—	—	—	—	6
Amble ...	...	—	—	28	—	1	1	—	—	—	—	—	—	184	214
Ashington ...	...	—	—	12	—	1	2	—	—	—	—	—	73	209	297
Bedlingtonshire	...	1	8	69	1	22	4	1	1	—	—	1	2	71	181	
Gosforth...	...	—	19	37	7	26	10	—	2	—	—	1	4	35	141	
Hexham ...	...	—	1	3	1	—	6	—	1	—	—	—	2	—	14
Longbenton ...	...	—	35	70	1	170	12	1	2	—	—	1	—	3	295
Newbiggin-by-the-Sea	...	—	2	31	—	—	4	—	—	—	—	—	—	5	42	
Newburn ...	...	—	48	131	6	27	22	3	—	—	—	—	7	12	256
Prudhoe ...	...	—	7	66	3	33	5	—	1	1	—	—	27	43	186
Seaton Valley ...	...	1	28	10	—	63	15	—	1	—	—	2	1	1	122
RURAL DISTRICTS.																
Alnwick ...	...	—	4	20	—	18	2	—	1	1	—	—	—	27	73
Belford ...	...	—	18	16	2	—	—	—	—	—	—	—	1	5	42
Bellingham ...	...	—	2	—	—	1	—	1	2	—	—	1	—	—	7
Castle Ward ...	...	—	14	43	3	24	7	5	—	—	—	—	2	40	138
Glendale...	...	—	—	12	—	17	3	—	—	—	1	—	—	—	33	
Haltwhistle ...	...	—	29	9	1	15	—	—	—	—	—	—	—	—	54
Hexham ...	...	—	3	34	4	25	29	3	3	1	—	—	—	—	102
Morpeth ...	...	—	1	45	—	64	9	—	—	—	—	—	—	88	207
Norham and Islandshires	...	—	2	9	—	5	—	—	—	—	—	—	—	—	16	
Rothbury ...	...	—	2	15	1	17	9	—	1	—	—	—	—	8	53
TOTALS ...		5	273	926	39	1622	221	21	19	5	1	7	129	745	4013	

No cases of Smallpox, Enteric Fever, Diphtheria, Ophthalmia Neonatorum or Malaria were notified during the year.

TABLE 7.

CLASSIFICATION OF DEATHS (Year 1956) ACCORDING TO DISEASE.

	BOROUGH AND URBAN DISTRICTS.			RURAL DISTRICTS.			TOTAL COUNTY.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Tuberculosis (Respiratory)	24	13	37	10	3	13	34	16	50
Tuberculosis (Other) ...	3	1	4	—	1	1	3	2	5
Syphilitic Disease ...	7	2	9	3	1	4	1	3	13
Diphtheria ...	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—
Meningococcal Infections ...	1	—	1	—	—	—	1	—	1
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ...	1	3	4	1	3	4	2	6	8
Malignant Neoplasm—									
Stomach ...	64	65	129	21	15	36	85	80	165
Lung, Bronchus ...	105	17	122	24	2	26	129	19	148
Breast ...	—	58	58	—	18	18	—	76	76
Uterus ...	—	40	40	—	8	8	—	48	48
Other Malignant and Lymphatic Neoplasms ...	186	149	335	67	35	102	253	184	437
Leukaemia, Aleukaemia ...	9	8	17	2	—	2	11	8	19
Diabetes ...	8	23	31	4	4	8	12	27	39
Vascular Lesions of Nervous System ...	298	345	643	107	152	259	405	497	902
Coronary Disease, Angina	408	258	666	122	88	210	530	346	876
Hypertension with Heart Disease ...	20	49	69	11	14	25	31	63	94
Other Heart Disease ...	324	369	693	116	135	251	440	504	944
Other Circulatory Disease...	83	86	169	30	37	67	113	123	236
Influenza ...	2	8	10	5	1	6	7	9	16
Pneumonia ...	58	74	132	15	18	33	73	92	165
Bronchitis ...	159	60	219	21	19	40	180	79	259
Other Diseases of Respiratory System ...	39	19	58	8	4	12	47	23	70
Ulcer of Stomach and Duodenum ...	24	5	29	7	4	11	31	9	40
Gastritis, Enteritis and Diarrhoea ...	6	9	15	2	4	6	8	13	21
Nephritis and Nephrosis ...	20	10	30	10	4	14	30	14	44
Hyperplasia of Prostate ...	25	—	25	12	—	12	37	—	37
Pregnancy, Childbirth, Abortion ...	—	4	4	—	1	1	—	5	5
Congenital Malformations	23	16	39	4	6	10	27	22	49
Other Defined and Ill-Defined Diseases ...	144	178	322	68	45	113	212	223	435
Motor vehicle accidents ...	27	7	34	18	3	21	45	10	55
All other accidents...	66	48	114	16	15	31	82	63	145
Suicide ...	30	17	47	8	2	10	38	19	57
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—
TOTALS ...	2164	1941	4105	712	642	1354	2876	2583	5459

TABLE 8.

DEATH RATES AND DEATHS FROM CANCER
(EXCLUDING LEUKAEMIA AND ALEUKAEMIA)

YEARS 1940 TO 1956.

YEAR.	POPULATION.	NUMBER OF DEATHS.	RATE PER 1,000 POPULATION.
1940	411,400	648	1.58
1941	407,120	656	1.61
1942	398,300	635	1.59
1943	397,740	686	1.72
1944	390,320	725	1.86
1945	392,510	725	1.84
1946	412,080	712	1.73
1947	417,510	740	1.77
1948	431,850	750	1.74
1949	436,370	796	1.82
1950	438,310	768	1.75
1951	437,600	797	1.82
1952	438,300	843	1.92
1953	440,600	836	1.89
1954	445,900	871	1.95
1955	453,000	870	1.92
1956	459,800	874	1.90

CANCER—YEAR 1956.

	POPULATION.	Total Deaths.		Death Rate per 1,000 Population.	
		Excluding Leukaemia and Aleukaemia.	Including Leukaemia and Aleukaemia.	Excluding Leukaemia and Aleukaemia.	Including Leukaemia and Aleukaemia.
Boroughs and Urban Districts	356,500	684	701	1.92	1.97
Rural Districts ...	103,300	190	192	1.84	1.86
Whole County ...	459,800	874	893	1.90	1.94

TABLE 9.
DEATHS FROM CANCER—YEAR 1956.

COUNTY DISTRICTS.	Population.	Stomach.	Lung, Bronchus.	Breast.	Uterus.	Other Malignant and Lymphatic Neoplasms.	Leukaemia and Aleukaemia.	TOTALS.		RATES PER 1,000 POPULATION	
								Excluding Leukaemia Aleukaemia.	Including Leukaemia Aleukaemia.	Excluding Leukaemia Aleukaemia.	Including Leukaemia Aleukaemia.
Boroughs—											
Berwick ...	12,670	4	3	—	2	7	—	16	16	1.26	1.26
Blyth ...	34,470	12	15	1	4	37	1	69	70	2.00	2.03
Morpeth ...	10,800	4	4	2	4	19	—	33	33	3.06	3.06
Wallsend ...	49,560	18	12	4	1	35	4	70	74	1.41	1.49
Whitley Bay	32,380	14	18	5	3	35	1	75	76	2.32	2.35
Urban Districts—											
Alnwick ...	7,310	5	—	4	—	9	—	18	18	2.46	2.46
Amble... ..	4,810	2	2	2	1	2	—	9	9	1.87	1.87
Ashington ...	28,360	6	12	9	5	25	2	57	59	2.01	2.08
Bedlingtonshire	29,130	12	8	2	1	25	1	48	49	1.65	1.68
Gosforth ...	24,810	9	9	6	3	22	4	49	53	1.97	2.14
Hexham ...	9,400	4	3	2	4	9	—	22	22	2.34	2.34
Longbenton ...	41,550	9	13	7	2	31	1	62	63	1.49	1.51
Newbiggin-by-the-Sea ...	10,010	4	—	1	1	8	1	14	15	1.40	1.50
Newburn ...	25,020	13	9	8	2	24	1	56	57	2.24	2.28
Prudhoe ...	9,950	7	1	2	1	12	1	23	24	2.32	2.41
Seaton Valley	26,270	6	13	3	6	35	—	63	63	2.40	2.40
Rural Districts—											
Alnwick ...	12,510	6	2	2	—	7	1	17	18	1.35	1.44
Belford ...	5,030	3	3	2	2	3	—	13	13	2.58	2.58
Bellingham ...	5,770	—	1	2	—	6	—	9	9	1.56	1.56
Castle Ward ...	17,470	3	5	5	1	16	—	30	30	1.72	1.72
Glendale ...	7,520	5	—	2	—	7	—	14	14	1.86	1.86
Haltwhistle ...	7,350	7	—	2	1	9	—	19	19	2.57	2.57
Hexham ...	19,970	5	6	2	3	26	—	42	42	2.10	2.10
Morpeth ...	17,860	6	6	1	1	18	1	32	33	1.79	1.85
Norham and Islandshires	4,260	1	2	—	—	6	—	9	9	2.11	2.11
Rothbury ...	5,560	—	1	—	—	4	—	5	5	0.90	0.90
Whole County ...	459,800	165	148	76	48	437	19	874	893	1.90	1.94

TUBERCULOSIS.

TABLE 10.

STATISTICS—YEARS 1928 TO 1956.

YEAR.	NOTIFICATIONS.			DEATHS.			DEATH RATE PER 1,000 POPULATION.		
	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms
1928	780	357	1,137	277	107	384	0.68	0.26	0.94
1929	722	265	987	301	108	409	0.74	0.26	1.00
1930	730	282	1,012	321	89	410	0.78	0.22	1.00
1931	642	272	914	309	100	409	0.75	0.25	1.00
1932	592	247	839	279	93	372	0.68	0.23	0.91
1933	519	195	714	268	81	349	0.65	0.20	0.85
1934	502	212	714	249	85	334	0.60	0.21	0.81
1935	378	207	585	218	77	295	0.53	0.19	0.72
1936	392	165	557	224	66	290	0.55	0.16	0.71
1937	338	149	487	219	78	297	0.54	0.19	0.73
1938	347	190	537	164	64	228	0.40	0.16	0.56
1939	288	130	418	216	58	274	0.52	0.14	0.66
1940	343	111	454	226	58	284	0.55	0.14	0.69
1941	346	116	462	208	51	259	0.51	0.13	0.63
1942	298	116	414	156	36	192	0.39	0.09	0.48
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43
1950	519	116	635	124	26	150	0.28	0.06	0.34
1951	523	87	610	105	18	123	0.24	0.04	0.28
1952	519	91	610	77	15	92	0.17	0.04	0.21
1953	480	111	591	71	12	83	0.16	0.03	0.19
1954	556	101	657	66	7	73	0.15	0.01	0.16
1955	564	79	643	67	8	75	0.15	0.02	0.17
1956	399	68	467	50	5	55	0.11	0.01	0.12

TABLE 11.

NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS
DURING THE YEAR 1956.

AGE PERIODS.			* NEW CASES.						DEATHS.					
			Respiratory.			Non-Respiratory.			Respiratory.			Non-Respiratory.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	...	...	—	1	1	—	1	1	—	—	—	—	—	—
1—	...	...	3	5	8	2	2	4	—	—	—	—	—	—
5—	...	...	17	12	29	12	8	20	—	—	—	—	—	—
15—	...	...	127	142	269	12	21	33	14	7	21	2	1	3
45—	...	...	58	22	80	2	2	4	18	6	24	—	1	1
65 and upwards...			8	4	12	2	4	6	2	3	5	1	—	1
TOTALS	...		213	186	399	30	38	68	34	16	50	3	2	5

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.

TABLE 12.
MASS MINIATURE RADIOGRAPHY.

AREA.	MINIATURE FILMS.			LARGE FILMS.			TUBERCULOSIS (Newly discovered).						Referred to Industrial Health		Referred to Thoracic Surgery	
	M.	F.	Total.	M.	F.	Total.	Active.		Inactive.		Inactive Post Primary.		M.	F.	M.	F.
							M.	F.	M.	F.	M.	F.				
1.—Wallsend ...	5,410	3,161	8,571	126	26	152	8	3	17	5	20	4	—	—	3	—
2.—Whitley Bay ...	1,584	2,296	3,880	30	35	65	2	—	5	4	3	5	—	—	3	—
3.—Bedlington ...	525	602	1,127	21	10	31	1	1	1	—	—	1	3	1	—	—
4.—Ashington ...	352	466	818	7	3	10	—	—	3	—	1	—	—	—	1	—
5.—Morpeth ...	462	524	986	12	5	17	—	—	—	—	2	1	—	—	—	—
6.—Seaton Delaval ...	416	314	730	10	3	13	1	—	—	—	—	1	—	2	—	—
7.—Blyth ...	660	748	1,408	14	7	21	1	—	—	5	1	1	—	1	—	—
8.—R.A.F., Acklington ...	812	40	852	8	6	14	—	—	11	2	2	1	—	—	—	—
9.—Alnwick College ...	26	211	237	—	1	1	—	—	2	4	—	1	—	—	—	—
10.—Haltwhistle and Bardon Mill	623	690	1,313	10	13	23	—	—	3	1	2	4	—	—	—	—
11.—Hexham ...	4	101	105	—	—	—	—	—	—	1	—	1	—	—	—	—
12.—Prudhoe ...	315	362	677	2	—	2	—	—	1	2	3	1	—	—	—	—
13.—Mental Hospitals ...	2,566	2,503	5,069	103	65	168	4	2	6	3	9	10	—	—	—	—
14.—Approved Schools, etc. ...	141	142	283	—	1	1	—	—	—	—	—	—	—	—	—	—
TOTAL ...	13,896	12,160	26,056	343	175	518	17 0.12%	6 0.05%	49	27	43	31	3	11	—	—

CARE AND AFTER-CARE.

TABLE 13.

WORK OF THE ALMONERS.

Home visits	...	...	...	...	...	...	...	583
Sanatorium visits	...	...	...	...	...	...	...	941
Seen at chest clinics	...	...	...	...	...	...	...	1,378

Details of help given :—

After-Care Sub-Committees :	Milk, etc.	...	...	...	276
	Bedding	...	...	...	25
	Clothing	...	...	...	59
	Travelling expenses	...	...	...	74
	Other help	...	...	...	38
National Assistance Board :	Allowances	...	...	...	171
	Clothing	...	...	...	39
	Bedding	...	...	...	4
	Extra Food	...	...	...	20
	Travelling expenses	...	...	...	7
	Other help	...	...	...	2

Resettlement :—

Referred to Ministry of Labour...	...	...	...	189
To Government Training Centres or Rehabilitation Unit	...	...	...	43
To Employment	...	...	...	204
Attended Resettlement Clinics	...	...	...	24
To Convalescent Holiday	...	...	...	87
Obtained work at Remploy Factory	...	...	...	2

Other help :—

Advice on housing and home help, boarding out of children, other assistance through voluntary bodies and other financial assistance through voluntary funds of after-care sub-committees.

TABLE 14.

CONVALESCENCE.

	Shoreston Hall.		Boarbank Hall.		Shotley Bridge.		Silloth.		Barrow War Memorial.		St. Margaret's, Hawick.		Percy House Nevilles Cross.		Low Shield House, Sparty Lea.		Whitburn.		TOTALS.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Ch.	F.	Ch.	Total.
Admissions ...	14	7	1	11	4	19	1	6	1	1	1	3	1	3	1	3	1	8	5	58	7	87
Re-admissions ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Discharges ...	15	7	1	11	4	19	1	6	1	1	1	3	1	3	1	3	1	8	5	58	7	88
Received convalescence during the year:—																						
Tubercular : Adults ...	14	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—	21
Children ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General : Adults ...	—	—	1	11	4	19	1	6	—	1	1	3	1	3	1	3	—	8	—	51	—	59
Children ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	5	—	7	7
Total ...	14	7	1	11	4	19	1	6	1	1	1	3	1	3	1	3	1	8	5	58	7	87
Total number of convalescent days ...	448	203	14	175	70	294	14	84	28	83	7	56	14	42	14	133	70	1070	112	1749		

No patients were in residence on 31st December, 1956.

MATERNITY AND CHILD WELFARE DENTAL SERVICE.

TABLE 15.

EXPECTANT AND NURSING MOTHERS.—Number provided with Dental Care.

	1950.	1951.	1952.	1953.	1954.	1955.	1956.
Number examined	1,567	1,220	1,621	1,787	1,850	1,550	1,758
Needing treatment	1,306	1,017	1,434	1,500	1,543	1,294	1,472
Treated	1,089	813	1,211	1,251	1,287	1,125	1,261
Attendances	4,257	3,044	4,364	5,251	5,636	5,376	5,826
Made dentally fit	834	532	719	890	956	982	966

PRE-SCHOOL CHILDREN.—Number provided with Dental Care.

	1950.	1951.	1952.	1953.	1954.	1955.	1956.
Number examined	2,209	2,346	2,601	2,621	2,519	2,424	2,328
Needing treatment	1,841	2,040	2,295	2,283	2,113	2,025	1,948
Treated	1,536	1,813	2,044	1,860	1,765	1,749	1,655
Attendances	2,317	3,140	3,586	3,285	3,109	2,896	2,630
Made dentally fit	1,330	1,704	1,725	1,765	1,707	1,582	1,433

EXPECTANT AND NURSING MOTHERS.—Forms of treatment provided.

	1950.	1951.	1952.	1953.	1954.	1955.	1956.
Extractions... ..	3,767	2,797	4,577	5,401	5,227	5,595	5,796
Anaesthetics:—							
Local	2,094	1,597	2,088	2,772	2,377	1,729	1,358
General	79	71	174	181	261	326	354
Fillings	1,090	873	1,272	1,464	1,699	1,430	1,477
Scalings or scaling and gum treatment	615	356	342	387	391	370	401
Silver nitrate treatment	53	34	56	46	65	31	32
Dressings	314	110	125	71	282	299	361
Radiographs	32	46	65	42	191	309	284
Dentures:—Complete	430	280	386	526	537	596	642
Partial	258	308	250	244	226	247	326
Repairs	53	49	71	33	57	65	34

PRE-SCHOOL CHILDREN.—Forms of treatment provided.

	1950.	1951.	1952.	1953.	1954.	1955.	1956.
Extractions... ..	3,247	4,801	5,088	4,517	4,342	4,267	3,720
Anaesthetics:—							
Local	187	156	127	112	82	76	33
General	690	1,309	1,453	1,440	1,237	1,179	1,081
Fillings	391	588	733	672	888	736	693
Scalings or scaling and gum treatment	76	82	90	98	18	39	47
Silver nitrate treatment	656	951	1,103	955	1,216	996	841
Dressings	141	98	108	103	116	134	164
Radiographs	10	7	25	2	10	7	19
Dentures:—Complete	Nil	5	12	7	6	5	5
Partial	Nil	1	Nil	3	2	5	5
Repairs	Nil	Nil	Nil	1	Nil	Nil	1

TABLE 16.

Year.	Nurses and Midwives employed.	Private Midwives in County.	MIDWIFERY.					
			Attended by Midwives.	Attended by Private Midwives.	Inhalation Analgesia.		Pethidine.	Nursing Visits.
					Gas/Air	Trilene		
1952	127	13	2,171	421	1,108	—	—	16,969
1953	124	17	2,284	392	1,141	—	901	17,073
1954	118	14	2,380	364	1,353	—	1,187	14,280
1955	119	16	2,426	340	1,302	233	1,397	13,330
1956	120	13	2,273	331	696	914	1,114	14,672
								7,646
								6,839
								5,373
								4,744
								5,133
								40
								25
								46
								14
								21

GENERAL NURSING.

Year.	New Cases.			Visits to All Cases.			Old Persons over 65 years.		Children under 5 years.	
	Medical.	Surgical.	Others.	Total.	Medical.	Surgical.	Others.	Total.	Cases.	Visits.
1952	6,957	5,117	N.A.	12,074	155,906	69,359	N.A.	237,492	—	—
1953	7,144	4,725	835	12,704	169,826	67,312	15,966	253,104	1,006	—
1954	6,728	4,422	1,068	12,218	157,283	63,221	13,904	234,408	944	3,262
1955	6,551	4,311	746	11,608	165,523	61,689	14,105	241,317	782	5,446
1956	6,255	3,513	608	10,376	163,259	56,523	16,400	236,182	597	4,897

AMBULANCE SERVICE.

TABLE 17.

AMBULANCES AND SITTING CASE CARS

AREA.	FIRST QUARTER.			SECOND QUARTER.			THIRD QUARTER.			FOURTH QUARTER.			TOTAL.			
	J	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.	
North No. 1	...	551	1,363	29,019	586	1,463	31,734	584	1,470	33,537	550	1,376	31,670	2,271	5,672	125,960
North No. 2	...	535	1,549	27,740	569	1,713	32,100	574	1,784	32,986	597	1,935	32,846	2,275	6,981	125,672
Central	...	2,104	7,998	71,198	2,139	8,803	73,263	1,976	7,850	66,885	2,195	8,542	72,183	8,414	33,193	283,529
East	...	1,450	7,191	46,650	1,638	6,871	46,846	1,757	6,515	46,079	1,844	7,289	50,140	6,689	27,866	189,715
South East	...	1,906	7,619	48,251	1,862	7,402	49,077	1,877	5,795	43,776	1,619	6,025	44,574	7,264	26,841	185,678
South	...	2,161	10,426	70,906	2,432	10,105	70,602	2,620	9,109	72,443	2,766	10,542	78,400	9,979	40,182	292,351
Wallsend	...	1,437	4,816	19,721	1,533	4,863	20,414	1,587	4,482	19,337	1,605	4,923	21,279	6,162	19,084	80,751
West	...	1,274	4,268	47,250	1,284	4,294	48,684	1,258	4,221	48,582	1,171	4,146	41,916	4,987	16,929	186,432
Total	...	11,418	45,230	360,735	12,043	45,514	372,720	12,233	41,226	363,625	12,347	44,778	373,008	48,041	176,748	1,470,088

AMBULANCE CAR SERVICE.

North No. 1	...	179	528	12,516	197	657	12,029	248	847	15,513	243	718	15,442	867	2,750	55,500
Central	...	80	206	3,570	104	258	4,556	47	215	2,152	112	497	4,874	343	1,176	15,152
West	...	310	929	16,151	353	1,232	18,626	350	1,359	17,678	360	1,520	20,686	1,373	5,040	73,141
Total	...	569	1,663	32,237	654	2,147	35,211	645	2,421	35,343	715	2,735	41,002	2,583	8,966	143,793
Total Ambulance Service	...	11,987	46,893	392,972	12,697	47,661	407,931	12,878	43,647	398,968	13,062	47,513	414,010	50,624	185,714	1,613,881

J—Journeys. P—Patients. M—Mileage.

TABLE 18.

AMBULANCE SERVICE MILEAGE.

Service.	North No. 1.	North No. 2.	Central.	East.	South- East.	South.	Wallsend.	West.	Total.
Direct ...	50,778	61,278	283,529	189,715	185,678	292,351	80,751	—	1,144,080
British Red Cross Society ...	75,182	—	—	—	—	—	—	137,077	212,259
St. John Ambulance Brigade ...	—	—	—	—	—	—	—	48,755	48,755
Agents ...	—	64,394	—	—	—	—	—	600	64,994
Total Ambulances...	125,960	125,672	283,529	189,715	185,678	292,351	80,751	186,432	1,470,088
Ambulance Car Service ...	55,500	—	15,152	—	—	—	—	73,141	143,793
Total Service ...	181,460	125,672	298,681	189,715	185,678	292,351	80,751	259,573	1,613,881

HOME HELP SERVICE.

TABLE 19.

Areas.	Number of cases assisted.		Home Helps employed at 31st December.	
	44 hours per week.	Less than 44 hours per week.	44 hours per week.	Less than 44 hours per week.
North No. 1	14	101	—	29
North No. 2	18	213	2	67
Central	11	451	3	96
East	14	417	3	112
South	51	552	2	176
South-East	39	629	4	92
Wallsend	17	251	2	78
West	16	292	2	91
TOTALS	180	2,906	18	741

MENTAL HEALTH SERVICE.

TABLE 20.

SUMMARY OF CASES DEALT WITH UNDER LUNACY
AND MENTAL TREATMENT ACTS.

(1) ADMISSIONS SECTION 20 (3 day order).						Male.	Female.	Total.
Preston Hospital, North Shields	...					129	162	291
St. Mary's Hospital, Stannington	...					30	46	76
St. Nicholas Hospital, Gosforth	...					11	20	31
Newcastle General Hospital, (Psychiatric Unit)	...	...	...	...	...	2	3	5
Total						172	231	403

(2) DISPOSAL OF SECTION 20 ADMISSIONS.

To.	From Preston Hospital, North Shields.				From St. Mary's, Stannington.				From St. Nicholas, Gosforth.				Total.												
	Volun- tary.		Certifi- cation.		Volun- tary.		Certifi- cation.		Volun- tary.		Certifi- cation.														
	M.	F.	M.	F.	M.	F.	M	F.	M.	F.	M.	F.													
St. George's, Morpeth ...	27	33	58	95	—	—	—	—	—	1	—	—	214												
St. Mary's, Stannington	1	—	—	—	20	31	6	12	—	—	—	—	70												
St. Nicholas, Gosforth ...	1	1	1	—	—	—	—	—	4	13	3	1	24												
Winterton Hospital, Sedgefield	—	—	—	1	—	—	—	—	—	—	—	—	1												
Total to hospital	29	34	59	96	20	31	6	12	4	14	3	1	309												
	Male.				Female.				Male.				Female.												
Geriatric/ Medical Wards ...	3				4				—				—				1				8				
Part III, National Assistance Act ...	1				3				—				—				—				4				
Home ...	36				21				1				4				5				71				
Died ...	5				3				1				2				—				11				
Totals ...	133				161				28				49				11				21				403

(3) CERTIFICATIONS FROM HOME (Section 16).

	Male.	Female.	Total.
St. George's, Morpeth	14	12	26
St. Mary's, Stannington	4	6	10
St. Nicholas, Gosforth	2	5	7
Cherry Knowle, Ryhope	—	1	1
The Retreat, York	—	1	1
	<u>20</u>	<u>25</u>	<u>45</u>

(4) VOLUNTARY PATIENTS.

	Admissions.		
	Male.	Female.	Total.
St. George's, Morpeth	126	231	357
St. Mary's, Stannington	77	110	187
St. Nicholas, Gosforth	6	20	26
	<u>209</u>	<u>361</u>	<u>570</u>

TABLE 21.

SUMMARY OF VISITS MADE BY AUTHORISED OFFICERS.

DISTRICT.	Area (Acres)	Popula- tion (Esti- mated)	Mental Defic- iency	Lunacy/ Mental Treat- ment	Social Wel- fare	Handi- capped Persons	Total
Alnwick ...	340,856	33,950	184	56	182	24	446
Ashington ...	97,828	96,160	596	275	484	22	1,377
Berwick ...	167,216	25,720	147	46	96	109	398
Blyth ...	22,059	93,120	696	485	618	—	1,799
Hexham ...	548,822	52,440	108	72	81	40	301
South Northum- berland ...	99,424	158,410	790	447	390	—	1,627
Total ...	1,276,205	459,800	2,521	1,381	1,851	195	5,948

TABLE 22.

MENTAL DEFECTIVES.

	On 31st December, 1956.			On 31st December, 1955.		
	M.	F.	T.	M.	F.	T.
(i) In Hospitals (including Licence cases)						
Under 16 years	43	38	81	40	31	71
Over 16 years	191	227	418	198	250	448
(ii) Under Guardianship—						
Over 16 years	1	4	5	1	2	3
Total Number of Cases under Order	235	269	504	239	283	522
(iii) Under Statutory Supervision—						
Under 16 years	118	87	205	111	79	190
Over 16 years	216	222	438	216	212	428
(iv) Under Friendly Supervision—						
Under 16 years	—	3	3	—	—	—
Over 16 years	32	42	74	30	46	76
Total Number of Cases under Super- vision	366	354	720	357	337	694
(v) In Places of Safety—						
Over 16 years	1	—	1	—	—	—
Total Number of Cases under Care	602	623	1,225	596	620	1,216
Cases awaiting hospital accommoda- tion (included above)	60	46	106	76	51	127
Mental Defectives attending Occupa- tion Centres (included above)—						
Under 16 years	55	34	89	45	30	75
Over 16 years	11	34	45	3	33	36
Total	66	68	134	48	63	111
	During 1956.			During 1955.		
Ascertainment—						
(i) Reported by Local Education Authority	23	26	49	36	33	69
(ii) Reported from other sources	9	24	33	11	10	21
Total	32	50	82	47	43	90
Admissions to Hospitals under Order	16	15	31	12	13	25
Short term admissions to Hospitals (Ministry of Health Circular 5/52)	28	20	48	28	13	41

ICE CREAM SAMPLES.

TABLE 23.

COUNTY DISTRICTS.					GRADES.				
					I.	II.	III.	IV.	Total.
Boroughs :—									
Berwick-upon-Tweed	...	...	...	...	24	1	2	2	29
Blyth	...	...	...	...	8	4	1	1	14
Morpeth	...	...	...	...	—	—	—	—	—
Wallsend	...	...	...	...	13	1	1	1	16
Whitley Bay	...	...	...	...	6	2	3	1	12
Urban Districts :—									
Alnwick	...	...	...	...	—	—	—	—	—
Amble	...	...	...	...	—	—	—	—	—
Ashington	...	...	...	...	12	7	—	1	20
Bedlingtonshire	...	...	...	...	21	—	3	2	26
Gosforth	...	...	...	...	29	5	3	3	40
Hexham	...	...	...	...	24	—	—	—	24
Longbenton	...	...	...	...	12	2	—	—	14
Newbiggin-by-the-Sea	...	...	...	...	—	—	—	—	—
Newburn	...	...	...	...	5	—	1	—	6
Prudhoe	...	...	...	...	—	—	—	—	—
Seaton Valley	...	...	...	...	32	1	—	1	34
Rural Districts :—									
Alnwick	...	...	...	...	—	—	—	—	—
Belford	...	...	...	...	—	—	—	—	—
Bellingham	...	...	...	...	5	—	—	—	5
Castle Ward	...	...	...	...	8	1	—	—	9
Glendale	...	...	...	...	—	—	—	—	—
Haltwhistle	...	...	...	...	—	—	—	—	—
Hexham	...	...	...	...	16	—	—	—	16
Morpeth	...	...	...	...	—	—	—	—	—
Norham and Islandshires	...	...	...	...	—	—	—	—	—
Rothbury	...	...	...	...	—	—	—	—	—
TOTALS					215	24	14	12	265
PERCENTAGES					81.1	9.1	5.3	4.5	

HOUSING.

TABLE 24

COUNTY DISTRICTS.	NEW HOUSES COMPLETED DURING 1956.				TOTAL 1955.
	Local Authority.	Other Housing Authority.	Private.	Total.	
Boroughs :—					
Berwick-upon-Tweed	56	—	4	60	61
Blyth	172	—	8	180	197
Morpeth	5	—	85	90	101
Wallsend	320	—	20	340	234
Whitley Bay	64	—	177	241	213
Urban Districts :—					
Alnwick	—	10	7	17	5
Amble	22	1	19	42	28
Ashington	66	—	3	69	103
Bedlingtonshire	166	—	9	175	170
Gosforth	50	—	33	83	33
Hexham	46	—	5	51	71
Longbenton	164	469*	268	901	1,214
Newbiggin-by-the-Sea	40	—	2	42	30
Newburn	55	73*	165	293	263
Prudhoe	141	—	3	144	58
Seaton Valley	187	—	4	191	159
Rural Districts :—					
Alnwick	15	—	12	27	24
Belford	—	5	11	16	24
Bellingham	—	—	1	1	1
Castle Ward	24	—	428	452	380
Glendale	80	—	4	84	18
Haltwhistle	30	—	3	33	25
Hexham	21	—	39	60	59
Morpeth	91	—	11	102	107
Norham and Island-shires	4	1	4	9	11
Rothbury	10	—	7	17	7
Totals	1,829	559	1,332	3,720	3,596

* Newcastle upon Tyne Corporation.

TABLE 25.

SLUM CLEARANCE.

COUNTY DISTRICTS.	Esti- mated total number of unfit Houses.	Esti- mated number to be de- molish- ed in first 5 years.	Progress during 1956.			
			Formal Action.		Houses dis- contin- ued by informal action.	Total discon- tinued.
			Houses demol- ished.	Houses closed not demol- ished.		
Boroughs :—						
Berwick-upon- Tweed ...	94	94	13	1	5	19
Blyth ...	554	554	114	23	1	138
Morpeth ...	192	44	3	7	—	10
Wallsend...	414	414	8	10	13	31
Whitley Bay ...	93	93	8	1	—	9
Urban Districts :—						
Alnwick ...	240	18	—	—	2	2
Amble ...	100	100	—	—	—	—
Ashington ...	10	10	—	—	4	4
Bedlingtonshire	750	400	75	13	38	126
Gosforth ...	249	182	6	—	—	6
Hexham ...	60	60	1	—	2	3
Longbenton ...	757	285	92	9	—	101
Newbiggin-by- the-Sea ...	73	73	—	—	—	—
Newburn...	650	189	—	4	—	4
Prudhoe ...	572	312	19	7	1	27
Seaton Valley ...	536	536	101	1	—	102
Rural Districts :—						
Alnwick ...	310	310	16	6	—	22
Belford ...	61	61	4	—	—	4
Bellingham ...	78	24	1	—	1	2
Castle Ward ...	246	246	3	22	—	25
Glendale ...	494	100	9	46	—	55
Haltwhistle ...	110	110	1	5	—	6
Hexham ...	73	47	1	8	—	9
Morpeth ...	103	103	2	1	—	3
Norham and Islandshires ...	98	98	—	—	—	—
Rothbury ...	43	43	—	1	—	1
Totals ...	6,960	4,506	477	165	67	709

TABLE 26.
IMPROVEMENT GRANTS—HOUSING ACT, 1949.

County Districts.	Applications dealt with during 1956.			Total approved to Date.
	Submitted to Local Authority.	Rejected.	Approved.	
Boroughs—				
Berwick-upon-Tweed ...	20	4	16	56
Blyth... ..	8	—	8	27
Morpeth	8	1	7	91
Wallsend	4	1	3	13
Whitley Bay	3	—	3	4
Urban Districts—				
Alnwick	10	1	9	31
Amble	12	—	12	38
Ashington	38	1	37	110
Bedlingtonshire	125	—	125	191
Gosforth	—	—	—	20
Hexham	22	1	21	54
Longbenton	14	1	13	85
Newbiggin-by-the-Sea	23	—	23	196
Newburn	54	7	47	170*
Prudhoe	28	—	28	66
Seaton Valley	14	8	5	60
Rural Districts—				
Alnwick	3	—	3	138
Belford	23	—	23	108
Bellingham	23	—	23	66
Castle Ward	26	2	24	224
Glendale	45	2	43	369
Haltwhistle	21	—	21	116
Hexham	102	—	102	349
Morpeth	28	—	28	140
Norham and Islandshires	29	2	27	128
Rothbury	29	—	29	174
	712	31	680	3,024

* 33 Council Houses.

WELFARE OF BLIND AND OTHER HANDICAPPED PERSONS.

TABLE 27.

REGISTER OF BLIND PERSONS.

Total, 31st December, 1955	...	...	...	...	...	...	...	718
Names added to register :—								
New cases	...	...	...	...	...	...	...	69
Transferred from Partially Sighted	...	...	...	...	...	...	...	15
Recertifications	...	...	...	...	...	...	...	2
Transfers In	...	...	...	...	...	...	...	18
								<hr/> 104
								<hr/> 822
Names removed from register :—								
Deaths	...	...	...	...	...	...	...	93
Decertified	...	...	...	...	...	...	...	9
Transfers Out	...	...	...	...	...	...	...	11
								<hr/> 113
								<hr/> 709
							TOTAL	<hr/> <hr/>

REGISTER OF PARTIALLY SIGHTED.

Total, 31st December, 1955	...	...	...	...	...	...	...	225
Names added to register :—								
New cases	...	...	...	...	...	...	...	56
Transferred from Register of Blind	...	...	...	...	...	...	...	1
Transfers In	...	...	...	...	...	...	...	3
								<hr/> 60
								<hr/> 285
Names removed from register :—								
Deaths	...	...	...	...	...	...	...	22
Transfers to Register of Blind	...	...	...	...	...	...	...	15
Transfers to Register of Blind—recertifications	...	...	...	...	...	...	...	2
Transfers Out	...	...	...	...	...	...	...	2
Decertified	...	...	...	...	...	...	...	2
								<hr/> 43
								<hr/> 242
							TOTAL	<hr/> <hr/>

HOME TEACHERS' VISITS.

Social welfare (blind)	...	...	...	...	...	...	...	5,622
Social welfare (partially sighted)	...	...	...	...	...	...	...	914
To give lessons	...	...	...	...	...	...	...	647
To investigate new applications	...	...	...	...	...	...	...	139
To accompany patients to hospital, etc.	...	...	...	...	...	...	...	32
Special visits	...	...	...	...	...	...	...	760
To homes and hospitals	...	...	...	...	...	...	...	74
								<hr/> 8,188
								<hr/> <hr/>

(In addition, home teachers in the North and West paid 192 visits to deaf persons.)

CHILDREN.

On 31st December, the children on the register were classified as follows :—

	Blind.	Partially Sighted.
Under 5	7	5
5—15 :—		
Attending special schools	5	12
Attending other schools	—	9
Not at school (other defects)	2	2*
Ineducable	3	—
	<u>17</u>	<u>28</u>

* Working.

REGISTER OF GENERAL HANDICAPPED.

Total on register, 31st December, 1955	438
New cases	82
	<u>520</u>
Names removed from register :—	
Deaths	16
Left district and miscellaneous removals from register ...	13
	<u>29</u>
TOTAL	<u>491</u>